National Electronic Data Interchange Transaction Set Implementation Guide

E

Health Care Services
Review — Request
for Review and
Response

278

ASC X12N 278 (004010X094A1)

October 2001 • NPRM Draft

Contact Washington Publishing Company for more Information.

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Table of Contents

X094	Introduction	. 5
	Modified pages	7

1 Introduction to Modified Pages

This document is addenda to the X12N Health Care Services Request for Review and Response Implementation Guide, originally published May 2000 as 004010X094. As a result of the post publication review process, items were identified that could be considered impediments to implementation. These items were passed to the X12N Health Care Work Group that created the original Implementation Guide for their review.

Appropriate modifications make up the contents of this Draft Addenda to the X12N 004010X094 Implementation Guide published in May 2000. Since this guide is named for use under HIPAA, this is a Draft Addenda that will go through a Notice of Proposed Rule Making (NPRM) process, just as the original Implementation Guide did, before becoming a final addenda to the guide published by X12N. Only the modifications noted in this Draft Addenda will be considered in the NPRM. Once this Draft addenda is approved for publication by X12N, the value used in GS08 will be "004010X094A1".

Each of the changes made to the 004010X094 Implementation Guide have been annotated with a note in red and a line pointing to the location of the change. For convenience, the affected 004010X094 Implementation Guide page number is noted at the bottom of the page. Please note that as a result of insertion or deletion of material each addenda page may not begin or end at the same place as the original referenced page. Because of this, addenda pages are not page for page replacements and the original pages should be retained.

Please note that changes in the addenda may have caused changes to the Data Element Dictionary and the Data Element Name Index (Appendix E in the original Implementation Guide), but are not identified in these draft addenda. Changes in the addenda may also have caused changed to the Examples and the EDI Transmission Examples (Section 4 in the original Implementation Guide), but are not identified in these draft addenda.

1.1 Summary of Contents

Most of the changes incorporated in the addenda provide support for attaching or referencing additional information associated with a health care services review. The addenda incorporate the following additions to ASC X12N 278 (4010X094), Health Care Services Review – Request for Review and Response.

Paperwork (PWK) Segment

Under some circumstances, UMOs may require additional patient or service information to determine the medical necessity of the services requested. The PWK segment provides the ability to reference documentation and to attach electronic documentation associated with the current health care services review. The addenda support use of the PWK segment at the Patient level and the Service level (Loops 2000C, 2000D, and 2000F) of both the request and response to (1) enable the requester to reference this information on the request and (2) to enable the UMO to request this additional information on a pended response.

Patient Event Tracking Number (TRN Segment)

The addenda add a TRN segment at the Patient level (Loop 2000C and Loop 2000D) of both the request and the response. The requester and the UMO can use this TRN segment to assign a unique tracking number to the patient event associated with this health care services review. Both the requester and the UMO

OCTOBER 2001 • NPRM DRAFT

can use this number to reference this request in any associated attachments or requests for additional information associated with this event.

Additional Information Contact Name (NM1) Loop – Response Only

The addenda include the addition of new NM1 loops at both the Patient level and Service level (Loops 2010CB, 2010DB, and 2010F) of the response. These NM1 loops and associated N3, N4, and PER segments enable the UMO to specify UMO contact information for the additional information requested in the PWK segment(s) of the response.

HI Procedures Segment Support for Revenue Codes

Each occurrence of data element 1270 Code List Qualifier Code in the HI Procedures segment of Loop 2000F has been modified to include support for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.

HI Procedures Segment Support for Procedure Monetary Amount

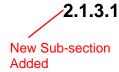
The usage for each occurrence of data element 782 Monetary Amount in the HI Procedures segment has been changed from "Not Used" to "Situational". Requesters should use this data element if a procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services review requested. On the response the UMO can use this element to indicate if the UMO has approved the health care service with monetary limitations.

HI Diagnosis Segment and HI Procedures Segment Support for LOINC – Response Only

On the response, these HI segments support the use of codes supplied from the Logical Observation Identifier Names and Codes (LOINCTM) List. The UMO can use the LOINC codes to identify specific information concerning the patient or services that the UMO requires from the provider to complete the medical review. The HI Diagnosis segment occurs at the Patient level (Loops 2000C and 2000D). The Service level (Loop 2000F) contains the HI Procedures segment. Refer to Section 2.2.5 for guidelines on their use.

CRC Patient Condition Information Support for Additional Condition Indicators

Each occurrence of data element 1321 Condition Indicator (CRC03, CRC04, CRC05, CRC06, CRC07) has been modified to expand the list of codes and definitions (condition indicators) supported in the implementation guide.



Supplemental Service Review Information

Under some circumstances, UMOs may require additional patient information to determine the medical necessity of the services requested. The 278 supports the ability to reference paper documentation and to attach electronic documentation associated with the current health care services review.

2.1.4 Situational Data

Factors such as the type of certification requested, the condition of the patient, and the individual UMO's rules for processing certifications make it difficult to identify a single set of data elements that are required for all types of certifications. To meet the divergent needs of the UMOs and requesters, this guide includes many data elements and segments marked "situational". Wherever possible, this implementation guide includes notes indicating when to include a situational segment or element. If the segment or element does not have an explanatory note, interpret "situational" to mean "if the information is available and applicable to the certification request or response, include it."

2.1.5 Service Review Decisions

The UMO must respond to each 278 transaction set received. If the UMO can process the service review request, the UMO must return a 278 response that contains an HCR segment at the Service Level (Loop 2000F) in the response to indicate the status of the service review.

2.1.6 **Rejected Transactions**

Missing or incorrect application data on the 278 request can cause the UMO to reject the transaction. For these requests, the UMO must return a 278 response transaction that contains a AAA Request Validation segment at the appropriate level to indicate why the UMO rejected the transaction.

The AAA segments in Loop 2000A (UMO) enable both the clearinghouse and the reviewer to indicate when system availability issues prohibit routing of the request for processing.

2.1.7 Trace Numbers and Transaction Identifiers

This implementation guide provides several methods to enable requesters, clearinghouses, and UMOs to trace the transaction or match the response to the original request. This section describes the segments and data elements that carry these identifiers.

2.1.7.1 **BHT03 - Submitter Transaction Identifier**

BHT03 identifies the transaction at its highest level. This is particularly useful in reconciling 278 rejection transactions that may not contain all of the HL Loops. The receiver of the 278 request transaction (whether it is a clearinghouse or UMO) must return this identifier in the 278 response BHT03.

2.1.7.2

TRN Segment

The Patient loop (Loop 2000C or Loop 2000D) and the Service loop (Loop 2000F) each contain a TRN segment. This segment enables organizations to uniquely identify the request. The TRN at the Patient level uniquely identifies the patient event request. The Service level TRN uniquely identifies the request at its lowest logical level, the service. Both the requester (provider) and the clearing-house can add a TRN segment to the request.

The requester (provider) can use this TRN segment to meet several needs. This enables the requester to accomplish the following:

- uniquely identify this request within the provider's environment
- uniquely identify each service requested. A single request transaction can contain requests for multiple services represented by multiple occurrences of Loop 2000F. This can generate more than one 278 response from the UMO. The UMO might certify some of these services immediately and pend others for external review.
- match the associated response to the request
- facilitate routing of this response in a large health care environment. For example, it might be necessary for the requester to identify the department within the provider environment that originated the transaction.

Clearinghouses can provide their own trace numbers in a separate TRN segment at the Patient level and at the Service level on the request to use for transaction tracking and matching purposes.

If the TRN segment is used on the request, the UMO must return the trace information supplied with the request transaction in the response transaction.

UMOs can add a trace number in their own TRN segment at the Patient level (Loop 2000C or Loop 2000D) and Service level (Loop 2000F) on the response. The UMO cannot use this trace number to identify the certification to the requester.

If the 278 request transaction passes through more than one clearinghouse, the second (and subsequent) clearinghouse may choose one of the following options:

- 1. If the second or subsequent clearinghouse needs to assign their own TRN segment they may replace the received TRN segment belonging to the sending clearinghouse with their own TRN segment. Upon returning a 278 response to the sending clearinghouse, they must remove their TRN segment and replace it with the sending clearinghouse's TRN segment.
- 2. If the second or subsequent clearinghouse does not need to assign their own TRN segment, they should merely pass all TRN segments received in the 278 request back in the 278 response transaction. If the 278 request passes through a clearinghouse that adds their own TRN in addition to a requester TRN, the clearinghouse will receive a response from the UMO containing two TRN segments that contain the value "2" (Referenced Transaction Trace Number) in TRN01. If the UMO has assigned a TRN, the UMO's TRN will contain the value "1" (Current Transaction Trace Number) in TRN01. If the clearinghouse chooses to pass their own TRN values to the requester, the clearinghouse must change the value in their TRN01 to "1" because, from the requester's perspective, this is not a referenced transaction trace number.

Text Revised

New Text Added New Text Added ·

A TRN segment at the patient level (Subscriber or Dependent) is required.

2.1,7,3

Patient Account Number

The requester (provider) can supply the patient account number as a supplemental identifier for the patient on the request. This value is carried in a REF segment where REF01 = "EJ" in Loop 2000C - Subscriber or Loop 2000D - Dependent, whichever is the patient. This information is optional for the requester. However if the UMO receives the patient account number, they must return it in the 278 response transaction.

2.1.8 Disclaimers

This implementation guide does not support the transmission of general disclaimers as part of the transaction. Trading partners must handle these disclaimers outside of this EDI transaction and should identify procedures for handling these disclaimers in their trading partner agreements.

2.1.9

Additional Patient Information

New Sub-section Added Some health care service reviews may require additional information about the patient that is not supported in the 278 transaction. This implementation guide includes a PWK segment to identify this additional patient information. On the 278 request, the PWK segment enables the requester to reference paper documentation or to attach electronic documentation containing additional patient information associated with the services requested. The requester may provide additional information about the patient at the Patient level and/or specific information relevant to the service at the Service level.

In the 278 response, the UMO can indicate in the HCR segment that the review outcome is pended for additional medical necessity information. The UMO can use the PWK segment on a pended response to identify additional documentation required to complete the health care services review. The UMO can request information about the patient using the PWK segment at the Patient level and/or about the service using the PWK segment at the Service level.

In addition to the PWK segment, the UMO can use the HI segment at the Patient level and/or the HI segment at the Service level of the response to specify codes that identify the specific information that the UMO requires from the provider to complete the medical review. On the response, the HI segment supports the use of codes supplied from the Logical Observation Identifier Names and Codes (LOINCTM) List. These codes identify high-level health care information groupings, specific data elements, and associated modifiers.

Refer to Section 2.5.5 of this guide for more information on requesting additional patient information.

The LOINC lists are external to ASC X12 standards. See Appendix C, External Code Sources, for instructions about how to obtain these lists. LOINC® is a registered trademark of Regenstrief Institute and the LOINC Committee.

The following example represents a response to a request for multiple services from multiple providers for a subscriber who is the patient.

UMO (Loop 2000A)

Requester (Loop 2000B)

Subscriber (Loop 2000C)

Service Provider (Loop 2000E)

Service (with Review Outcome Data)(Loop 2000F)

Service Provider (Loop 2000E)

Service (with Review Outcome Data)(Loop 2000F)

For a request transaction, matrix 1, Intended Segment Use for a Request Transaction, identifies the intended segment use by hierarchical level.

Segment Position	Segment ID	UMO HL	Requestor HL	Subscriber HL	Dependent HL	Service Provider HL	Service HL
010	HL	YES	YES	YES	YES	YES	YES
020	TRN			YES	/YES		YES
030	AAA			\ /			
040	UM			\vee			YES
050	HCR		Se	egment Ųs	e Added		
060	REF			Λ			YES
070	DTP			YES	YES		YES
080	HI			YES	YES		YES
090	HSD			/ /		\	YES
100	CRC						YES
110	CL1						YES
120	CR1			/	1		YES
130	CR2						YES
140	CR5						YES
150	CR6						YES
155	PWK			YES	YES		YES
160	MSG					YES	YES
170	NM1	YES	YES	YES	YES	YES	
180	REF		YES	YES	YES	YES	
190	N2						
200	N3		YES			YES	
210	N4		YES			YES	
220	PER		YES			YES	
230	AAA						
240	PRV		YES			YES	
250	DMG			YES	YES		
260	INS				YES		
270	DTP						

PWK Segment-Added

Matrix 1. Intended Segment Use for a Request Transaction

PWK Segment -

Added

Matrix 2, Intended Segment Use for a Response Transaction, identifies the intended segment use by hierarchical level for a response transaction.

Segment Position	Segment ID	UMO HL	Requesto HL	r Subscriber HL	Dependen HL	Service t Provider HL	Service HL
010	HL	YES	YES	YES	YES	YES	YES
020	TRN			YES,	YES		YES
030	AAA	YES		YES	YES		YES
040	UM			\ /			YES
050	HCR			\/			YES
060	REF			Segment _, U:	se Added		YES
070	DTP			YES 🖊	YES		YES
080	HI			YES	YES		YES
090	HSD			/ \			YES
100	CRC			/ \			
110	CL1						YES
120	CR1				\		YES
130	CR2						YES
140	CR5						YES
150	CR6						YES
155	PWK			YES	YES		YES
160	MSG					YES	YES
170	NM1	YES	YES	YES	YES	YES	YES
180	REF		YES	YES	YES	YES	II
190	N2						
200	N3					YES	YES
210	N4					YES	YES
220	PER	YES				YES	YES
230	AAA	YES	YES	YES	YES	YES	//
240	PRV		YES			YES //	
250	DMG			YES	YES Seg	gment Ús	e Added
260	INS				YES		
270	DTP						

Matrix 2. Intended Segment Use for a Response Transaction

NOTE

For the request/response scope of this implementation guide, the use of UMO, requester, subscriber, dependent, and service provider is consistent and stable across all transactions. Because the use of these levels is consistent, these levels are described one time. Because the use of the service level differentiates the transaction's use, this level is redefined several times to provide the reader with appropriate information and examples.

2.2.1 Transaction Participants (Loop 2000A, Loop 2000B)

The Loop 2000A and Loop 2000B hierarchical levels are used to convey information about the two primary participants in a health care service review transaction. Figure 6, Information Source and Receiver Levels, presents the Loop 2000A and Loop 2000B levels.

2.2.1.3.5 | PRV Segment

The PRV segment enables the requester to specify the referring provider's role in the care of the patient and to indicate the referring provider's specialty. Use this segment if the UMO requires this additional information to determine if the referring provider is authorized to request these services for this patient.

2.2.2 | Patient (Loop 2000C and Loop 2000D)

Subscriber Loop 2000C and Dependent Loop 2000D identify the patient. Loop 2000C is always required. Loop 2000D is used only when necessary to identify a patient who is a dependent. Figure 7. Subscriber and Dependent Levels shows the structure of these loops.

When the subscriber is the patient or when the patient has a unique identification number (different from the subscriber), only Loop 2000C is used. This situation is common when an insurance company issues a unique insurance identification card to each individual insured. In all other cases, Loop 2000C is used to identify the subscriber. Loop 2000D is used to identify the subscriber's dependent, who is the patient. This structure is more common in traditional group insurance where a patient is uniquely identified within the primary subscriber identifier.

2.2.2.1 Identifying the Patient

Loop ID Changed

The Subscriber Name Loop 2010CA and Dependent Name Loop 2010DA contain the segments and data elements that hold this patient identification information. The NM1 and DMG segments contain all the data needed for the requester and UMO to identify the patient.

Loop ID Changed

Identifying the Subscriber/Patient

In Subscriber Name Loop 2010CA, the member ID (NM108/NM109) is required and may be adequate to identify the subscriber to the UMO. However, the UMO can require additional information. The maximum data elements that the UMO can require to identify the subscriber, in addition to the member ID, are as follows:

Subscriber Last Name (NM103) Subscriber First Name (NM104) Subscriber Birth Date (DMG01 and DMG02).

The data requirements are the same for a dependent patient who has a unique identification number (different from the subscriber).

Identifying the Dependent

The Dependent Loop (2000D) is required in addition to Loop 2000C if the dependent does not have a unique (different from the subscriber) member ID. The maximum data elements in Loop 2010DA that can be required by a UMO to identify a dependent are as follows:

Dependent Last Name (NM103)

Dependent First Name (NM104)

Loop ID Changed

Dependent Birth Date (DMG01 and DMG02).

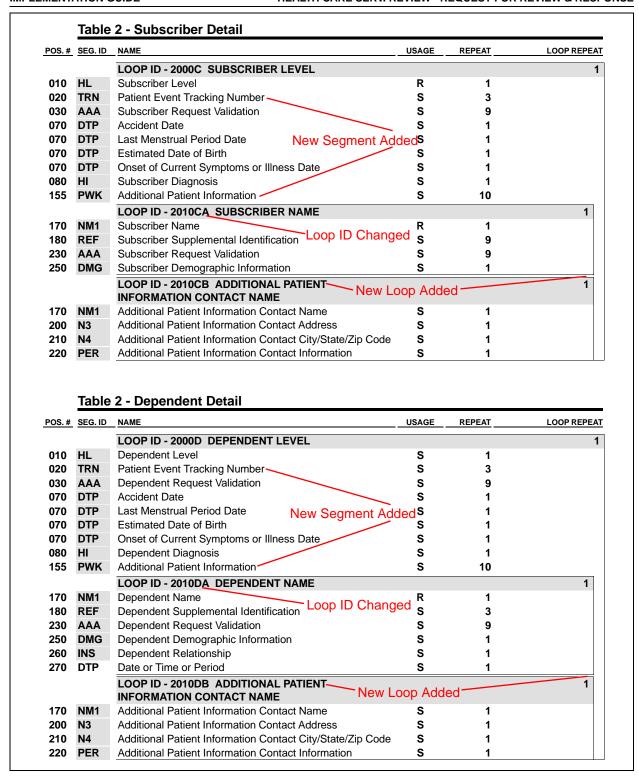


Figure 7. Subscriber and Dependent Levels

Subscriber is the Patient

In those cases where the subscriber is the patient or the patient has a unique identification number (different from the subscriber), only Loop 2000C is used.

Refer to the segments that appear under Detail - Subscriber in Figure 7. Subscriber and Dependent Levels for a representation of all the segments available for use.

The following example demonstrates a sufficient way of identifying a patient who has a unique identification number.

HL*3*2*22*1~ HI*BF:41090~ NM1*IL*1*SMITH*JOE****MI*12345678901~

2.2.2.2.1

TRN Segment

New Sub-section Added Use the TRN segment in Loop 2000C only if the subscriber is the patient. The requester can use this TRN segment to assign a unique tracking number to the patient event associated with this health care services review. It enables the to:

- uniquely identify this patient event request
- · trace the request
- match the response to the request
- reference this request in any associated attachments containing additional patient information

This TRN segment can occur a maximum of two times per Loop 2000C on the request; once for the provider and once for the clearinghouse. If the TRN segment is used at this level on the request, the UMO must return it at the same level on the response.

The TRN segment can occur a maximum of three times per Loop 2000C on the response. The UMO can use this trace number to reference the request when asking for additional patient information associated with this health care services review. UMOs can add their own trace number to the response for tracking purposes. The UMO cannot use this trace number as the health care services review certification number.

2.2.2.2.2 DTP Segments

The DTP segments carry dates relating to the patient's current condition. This includes accident date, date of onset of current symptoms or illness, date of last menstrual period, and estimated date of birth. Date diagnosed is associated with a diagnosis and is contained in the HI segment.

2.2.2.2.3 HI Segment

The HI segment is used to convey diagnosis information. This information is always conveyed at the actual patient HL level. In the previous example, because the subscriber is the patient, the HI segment appears at Loop 2000C (there would be no Loop 2000D level). If Loop 2000D were used, this segment would appear at the Loop 2000D level and not at Loop 2000C.

New Paragraph Added

On the response, this HI segment supports the use of codes supplied from the Logical Observation Identifier Names and Codes (LOINCTM) List. The UMO can use the LOINC codes to request specific information concerning the patient diagnosis or condition that the UMO requires from the provider to complete the medical review. Refer to Section 2.2.5 for more information on UMO requests for additional information.

2.2.2.2.4

PWK Segment

New Sub-section Added

Under some circumstances, the requester may need to provide additional information about the patient that is not supported in the 278. If the subscriber is the patient, the requester can use this PWK segment to reference paper documentation or to attach electronic documentation containing additional patient information associated with this patient event. This implementation guide supports a maximum of 10 occurrences of the PWK segment at the Patient (Subscriber or Dependent) level.

The UMO can use the PWK segment on a pended response to identify additional documentation required to complete the medical review.

NOTE:

The PWK segment also occurs in the Service loop. Use the PWK segment in the Service loop if you are requesting multiple services and the additional information pertains to a specific service and not to all the services requested.

2.2.2.5

NM1 Loops —— Sub-section Name Changed

Loop ID Changed -

Loop ID Changed

The Loop 2010CA NM1 segment is used to convey the subscriber's name and identification number. In the preceding example, this is also the name of the patient. This segment should always carry the primary identification number for the insured. The REF segment in Loop 2010CA should be used only to transmit secondary identification numbers. In the NM1 segment, the identification number transmitted is the primary member identifier used by the UMO. In most cases the REF segment contains a supplemental member identifier used by the UMO. However, it can carry a patient identifier, such as a Patient Account Number, used by the requester. If Loop 2010CA of the request contains a REF segment where REF01 = "EJ" (Patient Account Number), the UMO must return the same REF

Loop ID Changed

New Text Added

The Loop 2010CB NM1 and associated N3, N4, and PER segments are used only on the response. This loop enables the UMO to specify UMO contact information for the additional patient information requested in the UMO's 278 response. This segment is used in the response at this level only when all of the following conditions are present.

• The subscriber is the patient

segment on the response.

- The UMO has requested additional patient information at this level of the response
- The contact information for the additional patient information response differs from the information provided in the UMO Name Level (Loop 2010A) of the 278 response

2.2.2.2.6 DMG Segment

The DMG segment is used to provide additional information, such as birth date (DMG01, DMG02), about the patient/subscriber. This segment is used only when more information is required to identify the patient/subscriber.

2.2.2.2.7 **AAA Segment**

The AAA segment is used only in a response. The segment is used to identify an error condition in the original request at the Subscriber level that prohibits processing the original request. Two AAA segments are provided. The first AAA identi-

fies error conditions in the data contained in Loop 2000C. These pertain to invalid or missing diagnosis codes and dates and patient condition dates. The second AAA in Loop 2010CA identifies invalid or missing subscriber identification information.

Loop ID Changed

2.2.2.3 Dependent is the Patient

In those cases when the dependent is the patient and has not been issued a unique identification number, both Loop 2000C and Loop 2000D are required. Loop 2000C conveys insurance information and Loop 2000D conveys patient-related information. Until the HIPAA Unique Patient Identifier is mandated, if the patient is a dependent of a subscriber and does not have a unique member ID, the maximum data elements that can be required by a UMO in loop 2010CA and 2010DA to identify a patient are:

Loop 2010CA-

Loop ID Changed

Subscriber's Member ID

Loop 2010DA

Patient's First Name

Patient's Last Name

Patient's Date of Birth

If all four of these elements are present the UMO must generate a response if the patient is in the UMO's database. All UMOs are required to support the above search option if their system does not have unique Member Identifiers assigned to dependents. Figure 7, Subscriber and Dependent Levels, presents Loop 2000C and Loop 2000D.

The following example demonstrates a sufficient way of identifying a patient who is the dependent of a subscriber. The example also illustrates the use of other segments.

```
HL*3*2*22*1~
NM1*IL*1*SMITH*JOE****MI*12345678901~
HL*4*3*23*1~
HI*BF:41090~
NM1*QC*1*SMITH*SEAN~
DMG*D8*19781229*M~
INS*N*19~
```

2.2.2.3.1

TRN Segment

New Sub-section Added

The requester can use this TRN segment to assign a unique tracking number to the patient event associated with this health care services review. It enables the requester to:

- uniquely identify this patient event request
- · trace the request
- match the response to the request
- reference this request in any associated attachments containing additional patient information

This TRN segment can occur a maximum of two times per Loop 2000D on the request; once for the provider and once for the clearinghouse. If the TRN segment is used at this level on the request, the UMO must return it at the same level on the response.

The TRN segment can occur a maximum of three times per Loop 2000D on the response. The UMO can use this trace number to reference the request when asking for additional patient information associated with this health care services review. UMOs can add their own trace number to the response for tracking purposes. The UMO cannot use this trace number as the health care services review certification number.

2.2.2.3.2 **DTP Segments**

The DTP segments carry dates relating to the dependent's current condition. This includes accident date, date of onset of current symptoms or illness, date of last menstrual period, and estimated date of birth. Date diagnosed is associated with a diagnosis and is contained in the HI segment.

2.2.2.3.3 HI Segment

The HI segment is used to convey diagnosis information. This information is always conveyed at the actual patient HL level. Note that in the previous example, the HI segment appears in Loop 2000D.

New Paragraph Added

On the response, this HI segment supports the use of codes supplied from the Logical Observation Identifier Names and Codes (LOINCTM) List. The UMO can use the LOINC codes to identify specific information concerning the patient diagnosis or condition that the UMO requires from the provider to complete the medical review. Refer to Section 2.2.5 for more information on UMO requests for additional information.

2.2.2.3.4

PWK Segment

New Sub-section Added

Under some circumstances, the requester may need to provide additional information about the patient that is not supported in the 278. The requester can use this PWK segment to reference paper documentation or to attach electronic documentation containing additional patient information associated with this patient event. This implementation guide supports a maximum of 10 occurrences of the PWK segment at the Patient (Subscriber or Dependent) level.

The UMO can use the PWK segment on a pended response to identify additional documentation required to complete the medical review.

The PWK segment also occurs in the Service loop. Use the PWK segment in the Service loop if you are requesting multiple services and the additional information pertains to a specific service and not to all the services requested.

2.2.2.3.5

NM1 Loops -— Sub-section Name Changed

Loop ID Changed

Loop ID Changed

The Loop 2010DA NM1 segment is used to convey the subscriber's name and identification number. The identification number transferred is the UMO's identification number for the subscriber. The Loop 2010DA NM1 segment is used to convey the dependent's name when the dependent is the patient. There is no UMO primary identifier for the dependent. In most cases the REF segment in Loop 2010DA contains a supplemental identifier used by the UMO. However, it can

Loop ID Changed

Loop ID Changed

carry a patient identifier, such as a Patient Account Number, used by the requester. If Loop 2010DA of the request contains a REF segment where REF01 = "EJ" (Patient Account Number), the UMO must return the same REF segment on the response.

In the previous example, Sean Smith is a dependent of Joe Smith whose identification number is 12345678901. Sean Smith is the patient.

New Text Added

The Loop 2010DB NM1 and associated N3, N4, and PER segments are used only on the response. This loop enables the UMO to specify UMO contact information for the additional patient information requested at the Dependent level in the UMO's 278 response. This segment is used in the response at this level only when the following conditions are present.

- The UMO has requested additional patient information at this level of the response
- The contact information for the additional patient information response differs from the information provided in the UMO Name Level (Loop 2010A) of the 278 response

2.2.2.3.6 DMG Segment

The DMG segment is used to provide additional information about the dependent, such as date of birth (DMG01, DMG02). In the previous example, Sean Smith is a male born on December 29, 1978.

2.2.2.3.7 | INS Segment

The INS segment is used only at the Loop 2000D level. The INS segment is used to convey the relationship of the dependent to the subscriber for identification purposes.

For example:

INS*N*19~

INS01 = N

This value indicates that the insured is a dependent.

INS02 = 19

This value indicates that the patient is a child of the subscriber.

2.2.2.3.8 **AAA Segment**

The AAA segment is only used in a response. The AAA segment is used to identify an error condition in the original request at the Dependent level that prohibits processing the original request. Two AAA segments are provided. The first AAA identifies error conditions in the data contained in Loop 2000D. These pertain to invalid or missing diagnosis codes and dates and patient condition dates. The second AAA in Loop 2010DA identifies invalid or missing dependent identification information.

Loop ID Changed -

2.2.3 Service (Referred-to) Provider (Loop 2000E)

The Loop 2000E hierarchical level is used to identify the health care service provider (the provider of services). Figure 8, Service Provider Level, presents the Loop 2000E level.

POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEA
		LOOP ID - 2000F SERVICE LEVEL			>1
010	HL	Service Level	R	1	
020	TRN	Service Trace Number	S	3	
030	AAA	Service Request Validation	S	9	
040	UM	Health Care Services Review Information	R	1	
050	HCR	Health Care Services Review	S	1	
060	REF	Previous Certification Identification	S	1	
070	DTP	Service Date	S	1	
070	DTP	Admission Date	S	1	
070	DTP	Discharge Date	S	1	
070	DTP	Surgery Date	S	1	
070	DTP	Certification Issue Date	S	1	
070	DTP	Certification Expiration Date	S	1	
070	DTP	Certification Effective Date	S	1	
080	HI	Procedures	S	1	
090	HSD	Health Care Services Delivery	S	1	
110	CL1	Institutional Claim Code	S	1	
120	CR1	Ambulance Transport Information	S	1	
130	CR2	Spinal Manipulation Service Information	S	1	
140	CR5	Home Oxygen Therapy Information	S	1	
150	CR6	Home Health Care Information	S	1	
155	PWK	Additional Service Information— New Segment Added	S	10	
160	MSG	Message Text	S	1	
		LOOP ID - 2010F ADDITIONAL SERVICE — New Loc INFORMATION CONTACT NAME	op Adde	d	1
170	NM1	Additional Service Information Contact Name	S	1	
200	N3	Additional Service Information Contact Address	S	1	
210	N4	Additional Service Information Contact City/State/Zip Code	S	1	
220	PER	Additional Service Information Contact Information	S	1	

Figure 9. Services Level

The service level of this transaction allows the inclusion of various patient condition or certification reason indicators. For example, a provider can specify the reason a request may have been delayed and not made within the timeframe required by a UMO.

Factors such as the type of certification request, the condition of the patient, and the individual UMO's business rules for processing certifications make it difficult to identify a single set of data elements that are required for all types of certifications. If the information is available and applicable to the certification request or response, include it.

Sections 2.2.4.1 Specialty Care Referrals, 2.2.4.2 Health Services Review, and 2.2.4.3 Admission Review provide examples of the segments and elements to include in the different types of certification requests. All the examples are based on the segments as illustrated in figure 9.

2.2.4.1 Specialty Care Referrals

Specialty care referrals encompass those transactions where a provider requests permission to refer or send a patient to another provider, generally a specialist. These types of transactions generally are shared between a primary care physi-

cian and a UMO. However, they may just as easily be shared between any two providers or UMOs.

2.2.4.1.1 Initial Request - Office Visit or Service

2.2.4.1.1.1 UM Segment

The UM segment is used to identify the type of health care services request.

```
UM*SC*I*******
```

UM01 = SC (Specialty Care Review)

UM02 = I (Initial Request)

UM09 = Y (Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim)

Other data elements in this segment carry additional information about the type of request and the condition of the patient. Value these additional data elements only if they provide information relevant to the medical decision.

2.2.4.1.1.2 HSD Segment and HI Segments

The HSD and HI segments are used according to need, either individually or in conjunction with each other, to describe the service and/or quantity of service being requested.

The HSD segment is used to identify a number of visits. The following example indicates two visits.

```
HSD*VS*2~
```

HSD01 = VS (Visits)

HSD02 = 2

The HSD segment can also be used to identify a delivery pattern. The following example indicates a pattern of three hours per week for four months.

```
HSD*HS*3*WK**34*4~
```

HSD01 = HS (Hours)

HSD02 = 3

HSD03 = WK (Per week)

HSD05 = 34 (Month)

HSD06 = 4

In the following example, the initial service requested is for a single office visit for a consultation at the provider's office (per HCFA code table).

```
HL*5*4*SS*0~
```

TRN*1*111099*9012345678~

UM*SC*I*3*11:B****Y~

HSD*VS*1~

The HI segment is used to request that a specific service be performed.

```
HI*BO:49000::::1~
```

HI01 - 1 = BO (Health Care Financing Administration Common Procedural Coding System)

HI01 - 2 = 49000 (Incision, exploratory laparotomy)

HI01 - 6 = 1 (Quantity)

In some cases, it might be convenient to employ both segments. In the following example, physical therapy is being prescribed at three visits per week for two months.

HI*BO:97110~ HSD*VS*3*WK**34*2~

New Paragraph -Added

NOTE:

On the response, this HI segment supports the use of codes supplied from the Logical Observation Identifier Names and Codes (LOINCTM) List. The UMO can use the LOINC codes to request specific information concerning the specific service or procedure that the UMO requires from the provider to complete the medical review. Refer to Section 2.2.5 for more information on UMO requests for additional information.

2.2.4.1.2 Response

A response transaction is used to indicate approval, approval with modification, or denial of a previous request. Note that the service level segments contained in a response transaction can vary from the requested level of service. For example, a primary care provider (PCP) may request ten visits to a specialist for a patient. However, the UMO may decide to approve only eight visits (perhaps the maximum remaining benefit).

The HCR segment is required to provide the results of the review as well as an associated reference number.

2.2.4.1.2.1 **Approval**

To approve the specialty care referral request as described previously, the following service level would be returned:

HL*5*4*SS*0~ TRN*2*111099*9012345678~ UM*SC*I*3*11:B~ HCR*A1*0081096G~ HSD*VS*1~

This set of values indicates approval of the request in full. Note that the original service level details respecting the services requested are returned so that there is no confusion as to what is being approved.

A reference number 0081096G is supplied and is critical if the provider wishes to initiate further transactions concerning this service.

2.2.4.1.2.2 **Approval with Modification of Services**

If the review entity wished to approve the specialist visits but decided to increase the number of visits to four, the following would be returned:

HCR*A6*0081096G~ HSD*VS*4~

2.2.4.1.2.3 **Denial of Services**

To completely deny the service request the following would be returned:

HL*5*4*SS*0~ UM*SC*I*3*11:B~

2.2.4.2.1.1 UM Segment

The UM segment is used to identify the type of health care services requested.

UM01 = HS (Health Services Review)

UM02 = I (Initial Request)

UM09 = Y (Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim)

Other data elements in this segment carry additional information about the type of request and the condition of the patient. Value these additional data elements only if they provide information that is relevant to the medical decision on this service review request.

2.2.4.2.1.2 HSD and HI Segments

In a single 2000F service loop, the requester can specify multiple procedures associated with a single treatment. The HI Procedures segment can carry up to 12 procedure codes (HI01 through HI12). All the procedures specified must relate to one episode of care. The requester can use the HSD segment to specify a delivery pattern for that episode of care to indicate that all the procedures specified must occur within a single episode, but that episode can be repeated.

Each patient request can handle multiple 2000F loops. This means that the request can handle different services associated with a single patient event.

New Paragraph Added

NOTE:

On the response, this HI segment supports the use of codes supplied from the Logical Observation Identifier Names and Codes (LOINCTM) List. The UMO can use the LOINC codes to request specific information concerning the specific service or procedure that the UMO requires from the provider to complete the medical review. Refer to Section 2.2.5 for more information on UMO requests for additional information.

The CRC segment enables the requester to provide additional patient condition information that the UMO can use to determine the medical necessity of the services requested. Because this segment does not contain information on the services or treatment requested, it is not used in the response.

2.2.4.2.1.4 CR1, CR2, CR5, CR6 Segments

These segments enable providers and UMOs to exchange more detailed information when requests are made regarding ambulance, spinal manipulation, oxygen therapy, and home health care services respectively.

2.2.4.2.2 Response

Health services review response uses are identical to those defined in the specialty care referrals response section of this implementation guide.

2.2.4.2.3 Request for Extension

Health services review request for extension uses are identical to those defined in the specialty care referrals request for extension section of this implementation guide.

2.2.4.3.1.3 HSD Segment

The HSD segment is used to specify the length of stay at a facility. For example, this segment indicates a length of stay of 3 days:

HSD*DY*3~

2.2.4.3.1.4 CL1 Segment

The CL1 segment was used in the example to focus the UMO's attention on the admission request. Note the use of the urgent code.

2.2.4.3.2 | Response

Admission review response uses are identical to those defined in the specialty care referrals response section.

2.2.4.3.3 Request for Extension

Admission review request for extension uses are identical to those defined in the specialty care referrals request for extension section.

2.2.4.3.4 Request for Appeal

Admission review request for appeal uses are identical to those defined in the specialty care referrals request for appeal section.

2.2.4.4 Other Service Line Segments

2.2.4.4.1 | TRN Segment

Paragraph Changed

The TRN segment enables the requester to assign a unique trace number to each service (Loop 2000F) requested for a patient. The requester can use this to trace the transaction or match the response to the request. In situations where the request contains multiple service loops, the UMO might return a medical decision on some services immediately and pend others for review. In this case, the final decisions on each service may be returned by the UMO at different times. Use of trace numbers at this level can facilitate matching these different responses to the original request.

The clearinghouse can also add a trace number at this level on the request. Therefore, this TRN segment can occur a maximum of two times per Loop 2000F on the request; once for the provider and once for the clearinghouse. If the TRN segment is used at this level on the request, the UMO must return it at the same level on the response.

Paragraph Changed

The TRN segment can occur a maximum of three times per Loop 2000F on the response. UMOs can add their own trace numbers to the response for tracking purposes. The UMO cannot use this trace number as the certification number. The segment is supplied solely for the convenience of the organization that originated it.

This guide's authors recommend that requesters use this TRN segment.

2.2.4.4.2 **AAA Segment**

The AAA and HCR segments are used only in the response. If Loop 2000F is present, either the AAA segment or the HCR segment must be returned. If the UMO was unable to review the request due to missing or invalid application data at this

level, the UMO must return a 278 response containing a AAA segment at this level. It identifies the primary error condition in Loop 2000F of the original request that prohibits processing of the original request.

2.2.4.4.3

HCR Segment

The HCR segment is required if the UMO has reviewed the request. It provides information on the outcome of the medical review. If the request has been certified in total or certified as modified, the UMO must return a certification number in this segment. This number identifies the certification to the requester. If the request has been pended, denied, or does not require a medical decision, HCR03 conveys the reason for the non-certification or other status of the request.

2.2.4.4.4

PWK Segment

New Sub-section Added Under some circumstances, the requester may need to provide additional information about the patient that is not supported in the 278. The requester can use this PWK segment to reference paper documentation or to attach electronic documentation containing additional patient information associated with the services requested in this Service loop. This implementation guide supports a maximum of 10 occurrences of the PWK segment at the Service level.

The UMO can use the PWK segment on a pended response to identify additional paper or electronic documentation required to complete the medical review for the services requested in this loop.

NOTE:

The PWK segment also occurs in the Patient loop (Loop 2000C or Loop 2000D). Use the PWK segment in the Service loop if you are requesting multiple services and the additional information pertains to a specific service and not to all the services requested.

2.2.4.4.5

NM1 Loop

New Sub-section Added

The Loop 2010F NM1 and associated N3, N4, and PER segments are used only on the response. This loop enables the UMO to specify UMO contact information for the additional service information requested in the PWK segment(s) in the same Service level (Loop 2000F) in the UMO's 278 response. This segment is used in the response at this level only when all the following conditions are present.

- The UMO has requested additional service information at this level
- The contact information for the additional service information response differs from the information provided in the UMO Name Level (Loop 2010A) of the 278 response

2.2.5

278 Support for Additional Service Review Information

New Sub-section Added

Section 2 of this guide describes the health care services review information that the requester and UMO can house within the 278 transaction (ST to SE). It also describes segments and data elements that enable both the requester and the UMO to reference additional information associated with a health care services review that is not contained within the 278. This section provides guidelines for using these segments and data elements.

2.2.5.1

New Sub-section Added

Background on the Need Addressed

Under some circumstances, UMOs may require additional patient information to determine the medical necessity of the services requested. This additional information concerns patient condition or service detail data not supported in the 278 (ST to SE). Depending on the type of health care services review, the requester might know of additional information required of the UMO at the time the request is initiated. Or, when the UMO receives the health care services review request, the UMO may determine that additional information is required to complete the review.

2.2.5.2

New Sub-section Added

2.2.5.2.1

New Sub-section Added

2.2.5.2.2

New Sub-section Added

Attaching Additional Information to the 278 Request

The 278 request contains a PWK segment that the requester can use to reference an attachment (paper, electronic, or other medium) associated with the current health care services review. The attachment may be transmitted in a separate X12 functional group (e.g.: 275 Attachment).

PWK Segments

The 278 request supports 10 occurrences of the PWK segment at the Patient level (Loop 2000C and Loop 2000D) and at the Service level (Loop 2000F). This enables the requester to attach up to 10 items pertaining to the patient's condition and/or up to 10 items pertaining to each occurrence of Loop 2000F of the request.

TRN Segments

In addition to the PWK segment, the 278 supports a TRN segment at the Patient level and at the Service level. The Patient level TRN segment (Patient Event Tracking Number) is required and is used to assign a unique trace number to the patient event request. This enables the requester to

- · uniquely identify this patient event request
- · reconcile the request
- match the response to the request
- reference this request in any associated attachments containing additional patient information related to this patient event request.

The Service level TRN Segment (Service Trace Number) is required if the request contains more than one Service level. This enables the requester to

- uniquely identify each service level request
- reconcile this request with its associated service level response
- reference this request in any associated attachments containing additional information related to this service level request

The UMO can reference these numbers when requesting additional information pertaining to the patient event or to the services requested.

Guidelines for Referencing Attachments

1. The PWK segment is required if the requester has additional documentation (electronic, paper, or other medium) associated with this health care serv-

2.2.5.2.3 New Sub-section

Added

OCTOBER 2001 • NPRM DRAFT 25

- ices review that applies to the patient event and/or the services requested and the 278 request (ST to SE) does not support this information.
- **2.** Use the PWK segment at the Patient level if the attachment pertains to this patient event and/or all the services requested.
- **3.** Use the PWK segment at the Service level if the information pertains to a specific service identified in Loop 2000F
- 4. The PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group (e.g., 275) rather than by paper. PWK06 is used to identify the attached electronic documentation. The number in PWK06 should be referenced in the electronic attachment.

275 refers to the X12N 275 Patient Information Transaction Set. At the time of this writing, there is no adopted standard implementation of the 275 for use with the 278 Health Care Services Review. A draft 275 Additional Information to Support a Health Care Services Review implementation guide is in progress. The 275 can be used only

- If a new rule names the 275 Additional Information to Support a Health Care Services Review as a standard for use with this implementation of the 278
- 2) For business uses of the 278 not covered under HIPAA. Use of the 275 should be established through trading partner
- **5.** The requester can also use the PWK segment to identify paperwork that is held at the provider's office and is available upon request by the UMO (or appropriate entity).

Requesting Additional Information on the 278 Response

When responding to a 278 request, the UMO might determine that additional information is required to complete the health care services review. The 278 response enables the UMO to

- indicate that the review outcome is pended for additional medical necessity information
- request this additional information by referencing paperwork that the requester must complete or by specifying codified information that the requester must provide
- identify a specific contact or destination for the response to this request for additional information

HCR Segment

If the UMO system can process the service review request, the UMO must return a 278 response that contains an HCR segment at the Service Level (Loop 2000F) in the response to indicate the status of the service review. The UMO must value the HCR segment to indicate that the review outcome has been pended for additional medical necessity information. If the UMO uses the 278 re-

2.2.5.3

New Sub-section Added

2.2.5.3.1 New Sub-section Added sponse to request this additional information, the UMO system must value the HCR segment as follows:

Where:

HCR01 = "A4" (pended)

HCR03 = "90" (Requested Information Not Received)

2.2.5.3.2

New Sub-section Added

PWK Segments

The UMO can use the PWK segment on a pended response to identify additional documentation required to complete the health care services review. The UMO can request information about the patient using the PWK segment at the Patient level (Loop 2000C or Loop 2000D) and/or about the service using the PWK segment at the Service level (Loop 2000F). This implementation supports 10 occurrences of the PWK at the Patient level and at the Service level to enable the UMO to request multiple attachments.

The UMO can use this segment to identify the type of documentation needed such as forms that the provider must complete. The UMO can also indicate what medium it has used to send these forms.

Guidelines for Use of PWK Segments

- The PWK segment is required if the UMO is requesting additional documentation (electronic, paper, or other medium) associated with this health care services review that applies to the patient event and/or the services requested and the UMO does not use LOINC in the HI segments to request this information.
- 2. Paperwork requested at the patient level should apply to the patient event and/or all the services requested. Use the PWK segment in the appropriate Service loop if requesting medical necessity information for a specific service.
- 3. This PWK segment is required to identify UMO requests for specific data that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group rather than by paper or using LOINC in the HI segments of the response. PWK06 is used to identify the attached electronic questionnaire. The number in PWK06 should be referenced in the corresponding electronic attachment.

NOTE:

At the time of this writing, there is no adopted standard implementation or draft implementation of another X12 functional group (such as the 277) for use with the 278.

4. This PWK segment should not be used if the requester should have provided the information within the 278 request (ST-SE) but failed to do so. In this case the UMO should use the AAA segments in the 278 response to indicate the data that is missing or invalid.

2.2.5.3.3

New Sub-section Added

HI Segments

In addition to or in place of the PWK segment, the UMO can use the HI Diagnosis segment at the Patient level and/or the HI Procedures segment at the Service level of the pended response to specify codes that identify the specific informa-

27

tion that the UMO requires from the provider to complete the medical review. On the response, the HI segment supports the use of codes supplied from the Logical Observation Identifier Names and Codes (LOINCTM) List. These codes identify high-level health care information groupings, specific data elements, and associated modifiers.

The UMO can use each occurrence of the Health Care Code Information composite (C022) in the HI segment to specify codes that identify the information needed. In the C022 composite, data elements 1270 and 1271 support the LOINC. Each HI segment supports 12 occurrences of the C022 composite.

LOINC codes are used to request specific information. LOINC modifier codes are used to qualify the scope of the request for information. For example, LOINC code 18657-7 requests the Rehabilitation treatment plan, plan of treatment (narrative). A LOINC modifier code of 18803-7 would qualify the requested information to include all data of the selected type that represents observations made 30 days or fewer before the starting date of service.

The LOINC lists are external to ASC X12 standards. See Appendix C, External Code Sources, for instructions about how to obtain these lists. LOINC® is a registered trademark of Regenstrief Institute and the LOINC Committee.

To request additional information using LOINC, value the HI segment as follows:

Where "LOI" indicates that the code list used is Logical Observation Identifier Names and Codes and 18657-7 is the high-level grouping and 18803-7 is the modifier.

Guidelines for Use of LOI (LOINC) HI Segments

- 1. This code set is not allowed for use under HIPAA at the time of this writing. The LOI qualifier can be used only
 - 1) If a new rule names LOINCTM as an allowable code set under HIPAA
 - 2) For business uses of the 278 not covered under HIPAA..

Use of LOINC between trading partners must be established through trading partner agreement.

- 2. Even if the trading partners can accommodate the use of LOINC on the 278 response containing the request for additional information, the UMO cannot require that the original requester respond to this request using LOINC in the follow-up response.
- 3. LOINC specified in the HI Diagnosis segment at the Patient level should apply to the patient event and/or all the services requested. Use the HI Procedures segment in the appropriate Service loop if using LOINC to request medical necessity information for specific services or procedures.
- 4. If the LOINC request pertains to a specific diagnosis code or procedure code, place the specific diagnosis or procedure code in the HI C022 composite that precedes the HI C022 composite(s) containing the LOINC. For example:

HI*BO:490000*LOI:18657-7*LOI:18803-7~

Where BO:49000 identifies the procedure for which additional information is required.

5. LOINC should not be used if the requester should have provided the information in the 278 request (ST-SE) but failed to do so. In this case the UMO should use the AAA segments in the 278 response to indicate the data that is missing or invalid.

NM1 Loops - Additional Information Contact Name

The 278 response includes NM1 loops to identify the person, office location, or other destination to route the response to the UMO request for additional information. NM1 Loop 2010CB and NM1 Loop 2010DB identify additional patient information contact name, address, and communication number information and are intended for use with requests for additional information contained in the PWK or HI segments at the Patient level. NM1 Loop 2010F identifies additional service information contact name, address, and communication number information for use with requests for additional information contained in the PWK or HI segments at the Service level.

Guidelines for Use of NM1 Loops

- Information in this loop overrides information supplied in the UMO Name NM1 loop (Loop 2010A).
- 2. Use this NM1 loop only if
 - a. the destination for the response to the request for additional patient information differs from the information specified in the UMO Name NM1 loop (Loop 2010A)
 - b. either the PWK segment or HI segment in the associated loop contain a request for additional information
 - c. the request for additional information is not transmitted in another X12 functional group where PWK02 = EL
- 3. The NM1 segment is required if this loop is used

TRN Segments

If the TRN segment is used on the request, the UMO must return the trace information supplied with the request transaction in the response transaction. The UMO must return the Patient Event Tracking Number and, if used, the Service Trace Number in the appropriate location of the response. If the UMO has requested additional information at the Patient level or at the Service level, the UMO should retain the Patient Event Tracking Number or Service Trace Number from the request.

In addition, UMOs can add a trace number in their own TRN segment at the Patient level (Loop 2000C or Loop 2000D) or at the Service level (Loop 2000F) on the response.

2.2.5.3.4

New Sub-section Added

2.2.5.3.5

New Sub-section Added

IMPLEMENTATION

278 Health Care Services Review — Request for Review

It is recommended that separate transaction sets be used for different patients.

Table 1 - Header

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
62	010	ST	Transaction Set Header	R	1	_
63	020	BHT	Beginning of Hierarchical Transaction	R	1	

Table 2 - Utilization Management Organization (UMO) Detail

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000A UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL			1
65	010	HL	Utilization Management Organization (UMO) Level	R	1	
			LOOP ID - 2010A UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME			1
67	170	NM1	Utilization Management Organization (UMO) Name	R	1	

Table 2 - Requester Detail

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000B REQUESTER LEVEL			1
70	010	HL	Requester Level	R	1	
			LOOP ID - 2010B REQUESTER NAME			1
72	170	NM1	Requester Name	R	1	
75	180	REF	Requester Supplemental Identification	S	8	
77	200	N3	Requester Address	S	1	
78	210	N4	Requester City/State/ZIP Code	S	1	
80	220	PER	Requester Contact Information	S	1	
83	240	PRV	Requester Provider Information	S	1	

Table 2 - Subscriber Detail

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000C SUBSCRIBER LEVEL			1
85	010	HL	Subscriber Level	R	1	
87	020	TRN	Patient Event Tracking Number ——Segment Added	S	2	
89	070	DTP	Accident Date	S	1	
90	070	DTP	Last Menstrual Period Date	S	1	
91	070	DTP	Estimated Date of Birth	S	1	
92	070	DTP	Onset of Current Symptoms or Illness Date	S	1	
94	080	HI	Subscriber Diagnosis	s	1	

103	155	PWK	Additional Patient Information ———	Segment Added S	10	
Loop ID	Chan	nged -	LOOP ID - 2010CA SUBSCRIBER NAME			1
108	170	NM1	Subscriber Name	R	1	
111	180	REF	Subscriber Supplemental Identification	S	9	
113	250	DMG	Subscriber Demographic Information	S	1	

Table 2 - Dependent Detail

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000D DEPENDENT LEVEL			1
115	010	HL	Dependent Level	S	1	
117	020	TRN	Patient Event Tracking Number —— Segment Added	S	2	
119	070	DTP	Accident Date	S	1	
120	070	DTP	Last Menstrual Period Date	S	1	
121	070	DTP	Estimated Date of Birth	S	1	
122	070	DTP	Onset of Current Symptoms or Illness Date	S	1	
124	080	HI	Dependent Diagnosis	S	1	
133	155	PWK	Additional Patient Information——— Segment Added	S	10	
Loop IE	Char	nged <mark>–</mark>	LOOP ID - 2010DA DEPENDENT NAME			1
138	170	NM1	Dependent Name	R	1	
140	180	REF	Dependent Supplemental Identification	S	3	
142	250	DMG	Dependent Demographic Information	S	1	
144	260	INS	Dependent Relationship	S	1	

Loop Diagram Line Changed

Table 2 - Service Provider Detail

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000E SERVICE PROVIDER LEVEL			>1
147	010	HL	Service Provider Level	R	1	
149	160	MSG	Message Text	s	1	
			LOOP ID - 2010E SERVICE PROVIDER NAME			3
150	170	NM1	Service Provider Name	R	1	
153	180	REF	Service Provider Supplemental Identification	S	7	
155	200	N3	Service Provider Address	S	1	
156	210	N4	Service Provider City/State/ZIP Code	S	1	
158	220	PER	Service Provider Contact Information	S	1	
161	240	PRV	Service Provider Information	S	1	

Loop Diagram Line Changed

Table 2 - Service Detail

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000F SERVICE LEVEL			>1
163	010	HL	Service Level	R	1	
165	020	TRN	Service Trace Number	S	2	
167	040	UM	Health Care Services Review Information	R	1	
176	060	REF	Previous Certification Identification	s	1	
178	070	DTP	Service Date	S	1	
180	070	DTP	Admission Date	s	1	
182	070	DTP	Discharge Date	S	1	

183	070	DTP	Surgery Date	S	1	
185	080	HI	Procedures	S	1	
204	090	HSD	Health Care Services Delivery	S	1	
209	100	CRC	Patient Condition Information	S	6	
221	110	CL1	Institutional Claim Code	S	1	
223	120	CR1	Ambulance Transport Information	S	1	
226	130	CR2	Spinal Manipulation Service Information	S	1	
232	140	CR5	Home Oxygen Therapy Information	S	1	
237	150	CR6	Home Health Care Information	S	1	
243	155	PWK	Additional Service Information — Segment Added	S	10	
248	160	MSG	Message Text	S	1	
249	280	SE	Transaction Set Trailer	R	1	

IMPLEMENTATION

PATIENT EVENT TRACKING NUMBER

Loop: 2000C — SUBSCRIBER LEVEL

Usage: SITUATIONAL

Repeat: 2

Notes:

1. This TRN segment is required if the subscriber is the patient and is used to assign a unique trace number to the patient event request.

This enables the requester to

- · uniquely identify this patient event request
- trace the request
- match the response to the request
- reference this request in any associated attachments containing additional patient information related to this patient event request.
- 2. If the transaction is routed through a clearinghouse, the clearinghouse may add their own TRN segment. If the transaction passes through multiple clearinghouses, and the second clearinghouse needs to assign their own TRN segment, they must replace the TRN from the first clearinghouse and retain it to be returned in the 278 response. If the second clearinghouse does not need to assign a TRN segment, they should pass all received TRN segments.
- Each trace number provided in the TRN segment at this level on the request must be returned by the UMO in the TRN segment at the corresponding level of the response.

Example: TRN*1*2001042801*9012345678*CARDIOLOGY~

STANDARD

TRN Trace

Level: Detail Position: 020

Laan. Ul

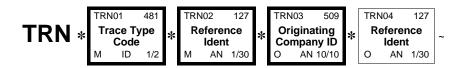
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To uniquely identify a transaction to an application

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIB	UTES
REQUIRED	TRN01	481	Trace Type Code Code identifying which transaction is being referenced		ID	1/2
			CODE DEFINITION			
			1 Current Transaction Trace Number	rs		
REQUIRED	TRN02	127	Reference Identification Reference information as defined for a particular Transactio by the Reference Identification Qualifier	M n Set	AN or as s	1/30 pecified
			INDUSTRY: Patient Event Tracking Number			
			SEMANTIC: TRN02 provides unique identification for the trans	actior	٦.	
REQUIRED TRN03 509 Originating Company Identifier A unique identifier designating the company ir instructions. The first character is one-digit AN (ICD) followed by the nine-digit identification nemployer identification number (EIN), data unior a user assigned number; the ICD for an EIN number is 9				on coo may b ring s	de desig be an IF ystem (RS (DUNS),
			INDUSTRY: Trace Assigning Entity Identifier			
			SEMANTIC: TRN03 identifies an organization.			
			Use this element to identify the organization that trace number. TRN03 must be completed to aid reclearinghouses in identifying their TRN in the 278	ques	sters a	ınd
			The first position must be either a "1" if an EIN is DUNS is used or a "9" if a user assigned identified		•	' if a
SITUATIONAL	L TRN04	127	Reference Identification Reference information as defined for a particular Transactio by the Reference Identification Qualifier	O n Set	AN or as s	1/30 pecified
			INDUSTRY: Trace Assigning Entity Additional Identifi	er		
			SEMANTIC: TRN04 identifies a further subdivision within the o	rganiz	zation.	
			Use this information if necessary to further identicomponent, such as a specific division or group, identified in the previous data element (TRN03).	_	-	

IMPLEMENTATION

ADDITIONAL PATIENT INFORMATION

Loop: 2000C — SUBSCRIBER LEVEL

Usage: SITUATIONAL

Repeat: 10

Notes: 1. This PWK segment is used only if the subscriber is the patient.

2. This PWK segment is required if the requester has additional documentation (electronic, paper, or other medium) associated with this health care services review that applies to the patient event and/or all the services requested. This PWK segment should not be used if

a. the 278 request (ST-SE) supports this information in its segments and data elements, or

b. the 278 request (ST-SE) does not support this information and the needed information pertains to a specific service identified in Loop 2000F and not to all the services requested.

- 3. This PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group rather than by paper or other medium. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be referenced in the electronic attachment.
- 4. The requester can also use this PWK segment to identify paperwork that is held at the provider's office and is available upon request by the UMO (or appropriate entity). Use code AA in PWK02 to convey this specific use of the PWK segment. See code note under PWK02, code AA.

Refer to Section 2.2.5 for more information on using this PWK segment.

Example: PWK*OB*BM***AC*DMN0012~

STANDARD

PWK Paperwork

Level: Detail

Position: 155

Loop: HL

Requirement: Optional

Max Use: >1

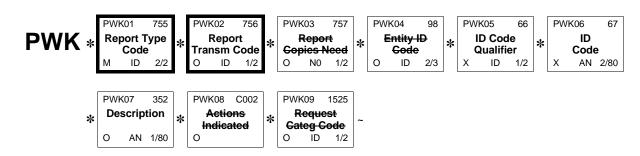
Purpose: To identify the type or transmission or both of paperwork or supporting

information

Syntax: 1. P0506

If either PWK05 or PWK06 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENTNAME			ATTRIBUTES			
RECUIRED	PWK01	755	Report Type Code	М	ID	2/2		

Code indicating the title or contents of a document, report or supporting item

INDUSTRY: Attachment Report Type Code

CODE	DEFINITION
03	Report Justifying Treatment Beyond Utilization Guidelines
04	Drugs Administered
05	Treatment Diagnosis
06	Initial Assessment
07	Functional Goals Expected outcomes of rehabilitative services.
08	Plan of Treatment
09	Progress Report
10	Continued Treatment
11	Chemical Analysis
13	Certified Test Report
15	Justification for Admission
21	Recovery Plan
48	Social Security Benefit Letter
55	Rental Agreement Use for medical or dental equipment rental.
59	Benefit Letter
77	Support Data for Verification
A3	Allergies/Sensitivities Document
A4	Autopsy Report

AM	Ambulance Certification Information to support necessity of ambulance trip.
AS	Admission Summary
	A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital.
AT	Purchase Order Attachment Use for purchase of medical or dental equipment.
B2	Prescription
B3	Physician Order
BR	Benchmark Testing Results
BS	Baseline
ВТ	Blanket Test Results
СВ	Chiropractic Justification Lists the reasons chiropractic is just and appropriate treatment.
СК	Consent Form(s)
D2	Drug Profile Document
DA	Dental Models
DB	Durable Medical Equipment Prescription
DG	Diagnostic Report
DJ	Discharge Monitoring Report
DS	Discharge Summary
FM	Family Medical History Document
НС	Health Certificate
HR	Health Clinic Records
I 5	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
NN	Nursing Notes
ОВ	Operative Note
ОС	Oxygen Content Averaging Report
OD	Orders and Treatments Document

37 OCTOBER 2001 • NPRM DRAFT

OE	Objective Physical Examination (in signs) Document	cludi	ing vita	ıl
ОХ	Oxygen Therapy Certification			
P4	Pathology Report			
P5	Patient Medical History Document			
P6	Periodontal Charts			
P7	Periodontal Reports			
PE	Parenteral or Enteral Certification			
PN	Physical Therapy Notes			
РО	Prosthetics or Orthotic Certification	n		
PQ	Paramedical Results			
PY	Physician's Report			
PZ	Physical Therapy Certification			
QC	Cause and Corrective Action Repo	rt		
QR	Quality Report			
RB	Radiology Films			
RR	Radiology Reports			
RT	Report of Tests and Analysis Repo	rt		
RX	Renewable Oxygen Content Average	ging	Report	
SG	Symptoms Document			
V5	Death Notification			
XP	Photographs			
Report Transp	nission Code	0	ID	1/2

REQUIRED PWK02 756

Report Transmission Code

ID 1/2

Code defining timing, transmission method or format by which reports are to be sent

INDUSTRY: Attachment Transmission Code

CODE	DEFINITION
AA	Available on Request at Provider Site This means that the paperwork is not being sent with the request at this time. Instead, it is available to the UMO (or appropriate entity) on request.
ВМ	By Mail
EL	Electronically Only Use to indicate that the attachment is being transmitted in a separate X12 functional group.
EM	E-Mail

38

			FX	By Fax			
			VO	Voice			
				Use this for voicemail or phone	commu	ınicatio	on.
NOT USED	PWK03	757	Report Copie	s Needed	0	N0	1/2
NOT USED	PWK04	98	Entity Identifi	er Code	0	ID	2/3
SITUATIONAL	PWK05	66		Code Qualifier g the system/method of code structure	X used for I	ID dentifica	1/2 ation
			SYNTAX: P0506				
			COMMENT: PWK0 number.	5 and PWK06 may be used to identify t	he addres	see by	a code
			or "VO". The requester was	ment is required when PWK02 DC requester can use it when PWK0 nts to send a document control n emaining at the Provider's office.)2 equal	s "AA"	
			CODE	DEFINITION			
			AC	Attachment Control Number			
SITUATIONAL	PWK06	67	Identification		х	AN	2/80
SITUATIONAL	PWK06	67	Identification Code identifying	Code	х	AN	2/80
SITUATIONAL	PWK06	67	Identification Code identifying	Code a party or other code	х	AN	2/80
SITUATIONAL	PWK06	67	Identification Code identifying INDUSTRY: Attac SYNTAX: P0506	Code a party or other code	х	AN	2/80
SITUATIONAL	PWK06	67 352	Identification Code identifying INDUSTRY: Attact SYNTAX: P0506 Required if P Description	Code a party or other code hment Control Number	0	AN	1/80
			Identification Code identifying INDUSTRY: Attact SYNTAX: P0506 Required if Pl Description A free-form description	Code a party or other code hment Control Number WK02 equals BM, EL, EM or FX.	0	AN	1/80
			Identification Code identifying INDUSTRY: Attact SYNTAX: P0506 Required if Pi Description A free-form description	Code I a party or other code I hment Control Number WK02 equals BM, EL, EM or FX. Cription to clarify the related data element hment Description I7 may be used to indicate special inforr	O nts and th	AN eir conte	1/80 ent
			Identification Code identifying INDUSTRY: Attact SYNTAX: P0506 Required if P Description A free-form desc INDUSTRY: Attact COMMENT: PWKC Specified report. This data eler	Code I a party or other code I hment Control Number WK02 equals BM, EL, EM or FX. Cription to clarify the related data element hment Description I7 may be used to indicate special inforr	O nts and th	AN eir conte	1/80 ent on on the
			Identification Code identifying INDUSTRY: Attact SYNTAX: P0506 Required if P Description A free-form desc INDUSTRY: Attact COMMENT: PWKC Specified report. This data eler	Code a party or other code chment Control Number WK02 equals BM, EL, EM or FX. cription to clarify the related data element chment Description The may be used to indicate special information and described in this segment.	O nts and th	AN eir conte	1/80 ent

Loop ID Changed

SUBSCRIBER NAME

Loop: 2010CA — SUBSCRIBER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes:

- 1. Use this segment to convey the name and identification number of the subscriber (who may also be the patient).
- 2. The Member Identification Number (NM108/NM109) is required and may be adequate to identify the subscriber to the UMO. However, the UMO can require additional information. The maximum data elements that the UMO can require to identify the subscriber, in addition to the member ID are as follows:

Subscriber Last Name (NM103)

Subscriber First Name (NM104)

Subscriber Birth Date (DMG01 and DMG02)

3. Refer to Section 2.2.2.1 Identifying the Patient for specific information on how to identify an individual to a UMO.

Example: NM1*IL*1*SMITH*JOE****MI*12345678901~

STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 170

Loop: HL/NM1 Repeat: >1

Requirement: Optional

Max Use: 1

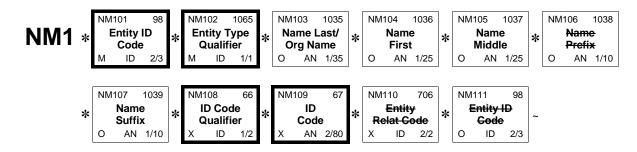
Purpose: To supply the full name of an individual or organizational entity

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.



Loop ID Changed

SUBSCRIBER SUPPLEMENTAL IDENTIFICATION

Loop: 2010CA - SUBSCRIBER NAME

Usage: SITUATIONAL Loop ID Changed

Repeat: 9

Notes:

- 1. Use this segment when needed to provide a supplemental identifier for the subscriber. The primary identifier is the Member Identification Number in the NM1 segment.
- 2. Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Numbers are to be provided in the NM1 segment as a Member Identification Number when it is the primary number a UMO knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.
- 3. If the requester values this segment with the Patient Account Number (REF01="EJ") on the request, the UMO must return the same value in this segment on the response.

Example: REF*SY*123456789~

STANDARD

REF Reference Identification

Level: Detail Position: 180

Loop: HL/NM1

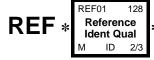
Requirement: Optional

Max Use: 9

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.









Loop ID Changed

SUBSCRIBER DEMOGRAPHIC INFORMATION

Loop: 2010CA — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Required only when birth date and/or gender information is needed to

identify the subscriber/patient.

2. Refer to Section 2.2.2.1 Identifying the Patient for specific information

on how to identify an individual to a UMO.

Example: DMG*D8*19580322*M~

STANDARD

DMG Demographic Information

Level: Detail

Position: 250

Loop: HL/NM1

Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

Syntax: 1. P0102

If either DMG01 or DMG02 is present, then the other is required.

DIAGRAM





















ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUT	ES
REQUIRED	MG01	1250	Date Time Period Format Qualifier	X	ID	2/3

DEFINITION

Code indicating the date format, time format, or date and time format

SYNTAX: P0102 CODE

D8 Date Expressed in Format CCYYMMDD

PATIENT EVENT TRACKING NUMBER

Loop: 2000D — DEPENDENT LEVEL

Usage: SITUATIONAL

Repeat: 2

Notes:

1. This TRN segment is required if the dependent is the patient and is used to assign a unique trace number to the patient event request.

This enables the requester to

- · uniquely identify this patient event request
- trace the request
- match the response to the request
- reference this request in any associated attachments containing additional patient information related to this patient event request.
- 2. If the transaction is routed through a clearinghouse, the clearinghouse may add their own TRN segment. If the transaction passes through multiple clearinghouses, and the second clearinghouse needs to assign their own TRN segment, they must replace the TRN from the first clearinghouse and retain it to be returned in the 278 response. If the second clearinghouse does not need to assign a TRN segment, they should pass all received TRN segments.
- Each trace number provided in the TRN segment at this level on the request must be returned by the UMO in the TRN segment at the corresponding level of the response.

Example: TRN*1*2001042801*9012345678*CARDIOLOGY~

STANDARD

TRN Trace

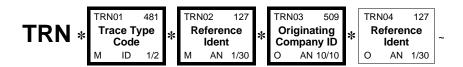
Level: Detail **Position:** 020

Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To uniquely identify a transaction to an application



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIB	UTES
REQUIRED	TRN01	481	Trace Type Code Code identifying which transaction is being referenced	M	ID	1/2
			CODE DEFINITION			
			1 Current Transaction Trace Number	rs		
REQUIRED	TRN02	127	Reference Identification Reference information as defined for a particular Transactio by the Reference Identification Qualifier	M n Set	AN or as s	1/30 pecified
			INDUSTRY: Patient Event Tracking Number			
			SEMANTIC: TRN02 provides unique identification for the trans	action	٦.	
REQUIRED	TRN03	509	Originating Company Identifier A unique identifier designating the company initiating the fur instructions. The first character is one-digit ANSI identificatio (ICD) followed by the nine-digit identification number which employer identification number (EIN), data universal numbe or a user assigned number; the ICD for an EIN is 1, DUNS in number is 9	on coo may b ring s	de desig be an IF ystem (ŔS (DUNS),
			INDUSTRY: Trace Assigning Entity Identifier			
			SEMANTIC: TRN03 identifies an organization.			
			Use this element to identify the organization that trace number. TRN03 must be completed to aid reclearinghouses in identifying their TRN in the 278	que	sters a	ınd
			The first position must be either a "1" if an EIN is DUNS is used or a "9" if a user assigned identified		•	' if a
SITUATIONAL	TRN04	127	Reference Identification Reference information as defined for a particular Transactio by the Reference Identification Qualifier	O n Set	AN or as s	1/30 pecified
			INDUSTRY: Trace Assigning Entity Additional Identifi	er		
			SEMANTIC: TRN04 identifies a further subdivision within the o	rgani	zation.	
			Use this information if necessary to further identicomponent, such as a specific division or group, identified in the previous data element (TRN03).	_	-	

ADDITIONAL PATIENT INFORMATION

Loop: 2000D — DEPENDENT LEVEL

Usage: SITUATIONAL

Repeat: 10

Notes:

- 1. This PWK segment is required if the requester has additional documentation (electronic, paper, or other medium) associated with this health care services review that applies to the patient event and/or all the services requested. This PWK segment should not be used if
 - a. the 278 request (ST-SE) supports this information in its segments and data elements, or
 - b. the 278 request (ST-SE) does not support this information and the needed information pertains to a specific service identified in Loop 2000F and not to all the services requested.
- 2. This PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group rather than by paper or other medium. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be referenced in the electronic attachment.
- 3. The requester can also use this PWK segment to identify paperwork that is held at the provider's office and is available upon request by the UMO (or appropriate entity). Use code AA in PWK02 to convey this specific use of the PWK segment. See code note under PWK02, code AA.

Refer to Section 2.2.5 for more information on using this PWK segment.

Example: PWK*OB*BM***AC*DMN0012~

STANDARD

PWK Paperwork

Level: Detail

Position: 155

Loop: HL

Requirement: Optional

Max Use: >1

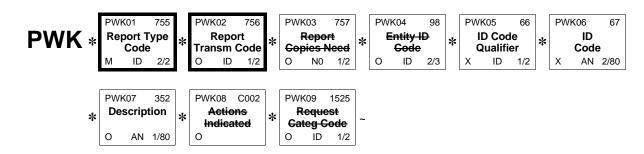
Purpose: To identify the type or transmission or both of paperwork or supporting

information

1. P0506 Syntax:

If either PWK05 or PWK06 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES	
REQUIRED	PWK01	755	Report Type Code	М	ID	2/2	

Code indicating the title or contents of a document, report or supporting item

INDUSTRY: Attachment Report Type Code

CODE	DEFINITION
03	Report Justifying Treatment Beyond Utilization Guidelines
04	Drugs Administered
05	Treatment Diagnosis
06	Initial Assessment
07	Functional Goals Expected outcomes of rehabilitative services.
08	Plan of Treatment
09	Progress Report
10	Continued Treatment
11	Chemical Analysis
13	Certified Test Report
15	Justification for Admission
21	Recovery Plan
48	Social Security Benefit Letter
55	Rental Agreement Use for medical or dental equipment rental.
59	Benefit Letter
77	Support Data for Verification
A3	Allergies/Sensitivities Document
A4	Autopsy Report

AM	Ambulance Certification Information to support necessity of ambulance trip.
AS	Admission Summary
	A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital.
AT	Purchase Order Attachment Use for purchase of medical or dental equipment.
B2	Prescription
В3	Physician Order
BR	Benchmark Testing Results
BS	Baseline
ВТ	Blanket Test Results
СВ	Chiropractic Justification Lists the reasons chiropractic is just and appropriate treatment.
СК	Consent Form(s)
D2	Drug Profile Document
DA	Dental Models
DB	Durable Medical Equipment Prescription
DG	Diagnostic Report
DJ	Discharge Monitoring Report
DS	Discharge Summary
FM	Family Medical History Document
НС	Health Certificate
HR	Health Clinic Records
15	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
NN	Nursing Notes
ОВ	Operative Note
ОС	Oxygen Content Averaging Report
OD	Orders and Treatments Document

OCTOBER 2001 • NPRM DRAFT 47

OE	Objective Physical Examination (including) Document	ludi	ng vita	l
ОХ	Oxygen Therapy Certification			
P4	Pathology Report			
P5	Patient Medical History Document			
P6	Periodontal Charts			
P7	Periodontal Reports			
PE	Parenteral or Enteral Certification			
PN	Physical Therapy Notes			
РО	Prosthetics or Orthotic Certification			
PQ	Paramedical Results			
PY	Physician's Report			
PZ	Physical Therapy Certification			
QC	Cause and Corrective Action Report			
QR	Quality Report			
RB	Radiology Films			
RR	Radiology Reports			
RT	Report of Tests and Analysis Report	t		
RX	Renewable Oxygen Content Averagi	ing F	Report	
SG	Symptoms Document			
V5	Death Notification			
XP	Photographs			
Banart Transu	mission Code	^	ID	4/0

REQUIRED PWK02 756

Report Transmission Code

ID 1/2 0

Code defining timing, transmission method or format by which reports are to be sent

INDUSTRY: Attachment Transmission Code

CODE	DEFINITION
AA	Available on Request at Provider Site This means that the paperwork is not being sent with the request at this time. Instead, it is available to the UMO (or appropriate entity) on request.
ВМ	By Mail
EL	Electronically Only Use to indicate that the attachment is being transmitted in a separate X12 functional group.
EM	E-Mail

			FX	By Fax			
			VO	Voice			
			VO	Use this for voicemail or phone of	ommı	ınicati	on
				•			
NOT USED	PWK03	757	Report Copie		0	N0	1/2
NOT USED	PWK04	98	Entity Identif	fier Code	0	ID	2/3
SITUATIONAL	PWK05	66		n Code Qualifier ng the system/method of code structure us	X sed for l	ID dentifica	1/2 ation
			SYNTAX : P0506				
			comment: PWK number.	05 and PWK06 may be used to identify the	addre	ssee by	a code
			or "VO". The requester wa	ement is required when PWK02 DOE e requester can use it when PWK02 ants to send a document control nu remaining at the Provider's office.	equal	s "ÅA'	
			CODE	DEFINITION			
			AC	Attachment Control Number			
	D14/1/00		lala a titi a a ti a a				0/00
SITUATIONAL	PWK06	67	Identification Code identifying	1 Code g a party or other code	X	AN	2/80
SITUATIONAL	PWK06	67	Code identifying		Х	AN	2/80
SITUATIONAL	PWK06	67	Code identifying	g a party or other code	х	AN	2/80
SITUATIONAL	PWK06	67	Code identifying INDUSTRY: Attac SYNTAX: P0506	g a party or other code	Х	AN	2/80
SITUATIONAL	PWK06	352	Code identifying INDUSTRY: Attaction SYNTAX: P0506 Required if F Description	g a party or other code chment Control Number	0	AN	1/80
			Code identifying INDUSTRY: Attack SYNTAX: P0506 Required if F Description A free-form des	g a party or other code chment Control Number PWK02 equals BM, EL, EM or FX.	0	AN	1/80
			Code identifying INDUSTRY: Attack SYNTAX: P0506 Required if F Description A free-form description A fr	g a party or other code chment Control Number PWK02 equals BM, EL, EM or FX. scription to clarify the related data elements chment Description 07 may be used to indicate special informa	O s and th	AN eir cont	1/80 ent
			Code identifying INDUSTRY: Attack SYNTAX: P0506 Required if F Description A free-form destingustry: Attack COMMENT: PWK specified reported. This data elections INDUSTRY: Attack COMMENT: PWK specified reported.	g a party or other code chment Control Number PWK02 equals BM, EL, EM or FX. scription to clarify the related data elements chment Description 07 may be used to indicate special informa	O s and th	AN eir cont be show	1/80 ent vn on the
			Code identifying INDUSTRY: Attack SYNTAX: P0506 Required if F Description A free-form destingustry: Attack COMMENT: PWK specified reported. This data elections INDUSTRY: Attack COMMENT: PWK specified reported.	g a party or other code chment Control Number PWK02 equals BM, EL, EM or FX. scription to clarify the related data elements chment Description 107 may be used to indicate special informat. ement is used to add any additional ent described in this segment.	O s and th	AN eir cont be show	1/80 ent vn on the

OCTOBER 2001 • NPRM DRAFT

Loop ID Changed

DEPENDENT NAME

Loop: 2010DA — DEPENDENT NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes: 1. Use this segment to convey the name of the dependent who is the

patient.

2. The maximum data elements in Loop 2010D that can be required by a

UMO to identify a dependent are as follows:

Dependent Last Name (NM103)
Dependent First Name (NM104)

Dependent Birth Date (DMG01 and DMG02)

3. Refer to Section 2.2.2.1 Identifying the Patient for specific information

on how to identify an individual to a UMO.

Example: NM1*QC*1*SMITH*MARY~

STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 170

Loop: HL/NM1 Repeat: >1

Requirement: Optional

Max Use: 1

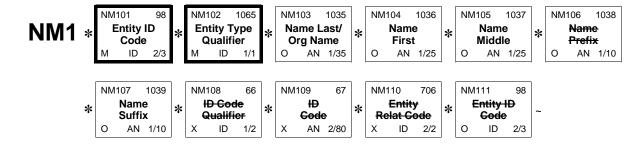
Purpose: To supply the full name of an individual or organizational entity

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.



DEPENDENT SUPPLEMENTAL IDENTIFICATION

Loop: 2010DA — DEPENDENT NAME

Loop ID Changed

Usage: SITUATIONAL

Repeat: 3

Notes:

1. Use this segment when necessary to provide supplemental identifiers for the dependent.

2. Use the Subscriber Supplemental Identifier (REF) segment in Loop 2010C for supplemental identifiers related to the subscriber's policy or group number.

3. If the requester values this segment with the Patient Account Number (REF01 = "EJ") on the request, the UMO must return the same value in this segment on the response.

Example: REF*SY*123456789~

STANDARD

REF Reference Identification

Level: Detail

Loop: HL/NM1

Requirement: Optional

Position: 180

Max Use: 9

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM









ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	JTES
REQUIRED	REF01	128		lentification Qualifier g the Reference Identification	M	ID	2/3
			CODE	DEFINITION			
			A6	Employee Identification Number			
			EJ	Patient Account Number			

Loop ID Changed

DEPENDENT DEMOGRAPHIC INFORMATION

Loop: 2010DA — DEPENDENT NAME

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Required only when birth date and/or gender information is needed to

identify the dependent.

2. Refer to Section 2.2.2.1 Identifying the Patient for specific information

on how to identify an individual to a UMO.

Example: DMG*D8*19580322*M~

STANDARD

DMG Demographic Information

Level: Detail

Position: 250

Loop: HL/NM1

Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

Syntax: 1. P0102

If either DMG01 or DMG02 is present, then the other is required.

DIAGRAM





















ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME				ATTRIBL	JTES
REQUIRED	DMG01	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time				ID mat	2/3
			SYNTAX : P0102					
			CODE	DEFINITION				

D8 Date Expressed in Format CCYYMMDD

DEPENDENT RELATIONSHIP

Loop: 201<u>0DA — DEPENDENT NAME</u>

Loop ID Changed

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Use this segment to convey information on the relationship of the

dependent to the insured.

2. Required when necessary to further identify the patient. Examples include identifying a patient in a multiple birth or differentiating

dependents with the same name.

Example: INS*N*19~

STANDARD

INS Insured Benefit

Level: Detail

Position: 260

Loop: HL/NM1

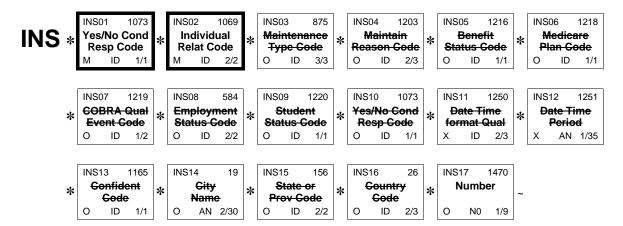
Requirement: Optional

Max Use: 1

Purpose: To provide benefit information on insured entities

Syntax: 1. P1112

If either INS11 or INS12 is present, then the other is required.



SERVICE TRACE NUMBER

Loop: 2000F — SERVICE LEVEL

Usage: SITUATIONAL

Repeat: 2

Notes:

- 1. Use this segment to assign a unique trace number to this service request. It is recommended that requesters assign a unique trace number to each service request. The requester can send one TRN segment in each service level (Loop 2000F) on the request to aid in the reconciliation of the 278 response.
- 2. If the transaction is routed through a clearinghouse, the clearinghouse may add their own TRN segment. If the transaction passes through multiple clearinghouses, and the second clearinghouse needs to assign their own TRN segment, they must replace the TRN from the first clearinghouse and retain it to be returned in the 278 response. If the second clearinghouse does not need to assign a TRN segment, they should pass all received TRN segments.
- 3. Each trace number provided in the TRN segment at this level on the request must be returned by the UMO in the TRN segment at the corresponding level of the response.

New Note 4. Added — 4. If the request contains more than one occurrence of Loop 2000F this TRN segment is required in each Service loop.

Example: TRN*1*111099*9012345678*RADIOLOGY~

STANDARD

TRN Trace

Level: Detail

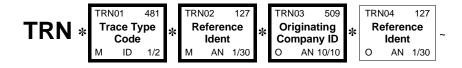
Position: 020

Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To uniquely identify a transaction to an application



PROCEDURES

Loop: 2000F — SERVICE LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Use this segment to request specific services and procedures.

> 2. Use the most current version of the code list identified in Hlxx-1 Code List Qualifier Code (Data Element 1270).

Example: HI*BO*49000:D8:19950121::1~

STANDARD

HI Health Care Information Codes

Level: Detail Position: 080

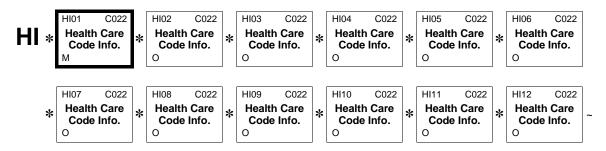
Loop: HL

Requirement: Optional

Max Use: 1

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME				ATTRIBU	ITES
REQUIRED	HI01	C022		HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amour			and quai	ntities
			ALIAS: P	Procedu	re Code 1			
REQUIRED	HI01 - 1		1270 Code List Qualifier Code Code identifying a specific industry code list		M	ID	1/3	
			C	ODE	DEFINITION			
New Code Ad	ded ———		ABR		Assigned by Receiver			
					Use ABR for Revenue Codes in Co National Uniform Billing Committe			

	ВО	Health Care Financing Administration Common Procedural Coding System Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO. CODE SOURCE 130: Health Care Financing Administration
	BQ	Common Procedural Coding System International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
		CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
	JP	National Standard Tooth Numbering System
		CODE SOURCE 135: American Dental Association Codes
	NDC	National Drug Code (NDC)
		CODE SOURCE 134: National Drug Code CODE SOURCE 240: National Drug Code by Format
	ZZ	Mutually Defined
		Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.
New Note Added ————————————————————————————————		This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.
REQUIRED HI01 - 2		Industry Code M AN 1/30 Code indicating a code from a specific industry code list
		INDUSTRY: Procedure Code
SITUATIONAL HI01 - 3		Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
		Required if X12N syntax conditions apply.
	СО	DE DEFINITION
	D8	Date Expressed in Format CCYYMMDD
	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
SITUATIONAL HI01 - 4		Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
		INDUSTRY: Procedure Date
		Required if proposed or actual procedure date is known.
SITUATIONAL HI01 - 5 Usage Changed		Monetary Amount O R 1/18 Monetary amount
Industry Name Added		INDUSTRY: Procedure Monetary Amount
New Note Added ——		Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.
SITUATIONAL HI01 - 6		Quantity O R 1/15 Numeric value of quantity

			INDUSTRY: Procedure Quantity						
			Required if requesting authorization for more than one occurrence of the procedure identified in HI01-2 for the same time period.						
SITUATIONAL HI01 - 7		799	Version Identifier O AN 1/30 Revision level of a particular format, program, technique or algorithm						
			INDUSTRY: Version, Release, or Industry Identifier						
			Required if the code list referenced in HI01-1 has a version identifier. Otherwise Not Used.						
SITUATIONAL HI02 C022			TH CARE CODE INFORMATION d health care codes and their associated dates, amounts and quantities						
		ALIAS: F	Procedure Code 2						
		Use th	Use this for the second procedure.						
REQUIRED HI02 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list						
		c	CODE DEFINITION						
New Code Added ——		-ABR	Assigned by Receiver						
		Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.							
		ВО	Health Care Financing Administration Common Procedural Coding System						
			Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.						
			CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System						
		BQ International Classification of Diseases Clinic Modification (ICD-9-CM) Procedure code source 131: International Classification of Disease Clinical Mod (ICD-9-CM) Procedure							
		JP	National Standard Tooth Numbering System						
			CODE SOURCE 135: American Dental Association Codes						
		NDC National Drug Code (NDC)							
			code source 134: National Drug Code code source 240: National Drug Code by Format						
		ZZ	Mutually Defined						
			Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.						
New Note Added —			This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.						

REQUIRED	HI02 - 2	1271	Industry Code M AN 1/Code indicating a code from a specific industry code list	/30
			INDUSTRY: Procedure Code	
SITUATIONAL	HI02 - 3	1250	Date Time Period Format Qualifier X ID 2. Code indicating the date format, time format, or date and time format	2/3 at
			Required if X12N syntax conditions apply.	
		С	DE DEFINITION	
		D8	Date Expressed in Format CCYYMMDD	
		RD8	Range of Dates Expressed in Format CCYYMMDD CCYYMMDD	D-
SITUATIONAL	HI02 - 4	1251	Date Time Period X AN 1/ Expression of a date, a time, or range of dates, times or dates and times	/35 imes
			INDUSTRY: Procedure Date	
			Required if proposed or actual procedure date is known.	
SITUATIONAL	HI02 - 5	782	Monetary Amount O R 1/Monetary amount	/18
Usage Changed Industry Name Added	d	- INDUSTRY: Procedure Monetary Amount		
	Note Added ———		Use if the procedure charge amount is needed by the UM to approve a monetary limitation for the health care services requested.	10
SITUATIONAL	SITUATIONAL HI02 - 6	380	Quantity O R 1/Numeric value of quantity	/15
			INDUSTRY: Procedure Quantity	
			Required if requesting authorization for more than one occurrence of the procedure identified in HI02-2 for the same time period.	
SITUATIONAL	HI02 - 7	799	Version Identifier O AN 1/ Revision level of a particular format, program, technique or algorithm	/30
			INDUSTRY: Version, Release, or Industry Identifier	
			Required if the code list referenced in HI02-1 has a version identifier. Otherwise Not Used.	on
SITUATIONAL	HI03 C022		TH CARE CODE INFORMATION O health care codes and their associated dates, amounts and quantities	es
		ALIAS: F	rocedure Code 3	
		Use th	s for the third procedure.	
REQUIRED	HI03 - 1	1270	Code List Qualifier Code M ID 1. Code identifying a specific industry code list	/3
		c	DE DEFINITION	
New Code	Added —	ABR	Assigned by Receiver	
			Use ABR for Revenue Codes in Code Source 132	
			National Uniform Billing Committee (NUBC) code	s.

	ВО	Health Care Financing Administration Common Procedural Coding System
		Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.
		CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
		CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
	JP	National Standard Tooth Numbering System CODE SOURCE 135: American Dental Association Codes
	NDC	National Drug Code (NDC)
		code source 134: National Drug Code code source 240: National Drug Code by Format
	ZZ	Mutually Defined
		Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.
New Note Added		This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.
REQUIRED HI03 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
		INDUSTRY: Procedure Code
SITUATIONAL HI03 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
		Required if X12N syntax conditions apply.
	СО	DE DEFINITION
	D8	Date Expressed in Format CCYYMMDD
	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
SITUATIONAL HI03 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
		INDUSTRY: Procedure Date
		Required if proposed or actual procedure date is known.
SITUATIONAL HI03 - 5	782	Monetary Amount O R 1/18 Monetary amount
Usage Changed		INDUSTRY: Procedure Monetary Amount
Industry Name Added Note Added ————		Use if the procedure charge amount is needed by the UMO
Note Added —		to approve a monetary limitation for the health care services requested.

	Quantity O R 1/15 Iumeric value of quantity
	tarriono varao or quartity
/N	NDUSTRY: Procedure Quantity
o	Required if requesting authorization for more than one occurrence of the procedure identified in HI03-2 for the name time period.
	Version Identifier O AN 1/30 Revision level of a particular format, program, technique or algorithm
//\	พบบราหy: Version, Release, or Industry Identifier
	Required if the code list referenced in HI03-1 has a version dentifier. Otherwise Not Used.
	CARE CODE INFORMATION O ealth care codes and their associated dates, amounts and quantities
ALIAS: Pro	cedure Code 4
Use this	for the fourth procedure.
	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
CODE	DEFINITION
-ABR	Assigned by Receiver
	Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.
ВО	Health Care Financing Administration Common Procedural Coding System
	Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.
	code source 130: Health Care Financing Administration Common Procedural Coding System
BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
JP	National Standard Tooth Numbering System
	CODE SOURCE 135: American Dental Association Codes
NDC	National Drug Code (NDC)
	CODE SOURCE 134: National Drug Code CODE SOURCE 240: National Drug Code by Format
ZZ	Mutually Defined
	Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.
	This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.
	799 NE THEALTH To send he ALIAS: Pro Use this 1270 CODE ABR BO BQ JP NDC

REQUIRED	HI04 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
			INDUSTRY: Procedure Code
SITUATIONAL HI04 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format	
			Required if X12N syntax conditions apply.
			CODE DEFINITION
		D8	Date Expressed in Format CCYYMMDD
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
SITUATIONAL	HI04 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
			INDUSTRY: Procedure Date
			Required if proposed or actual procedure date is known.
SITUATIONAL	HI04 - 5	782	Monetary Amount O R 1/18 Monetary amount
Usage Changed Industry Name Added Note Added	J	INDUSTRY: Procedure Monetary Amount	
		Use if the procedure charge amount is needed by the UMO	
			to approve a monetary limitation for the health care services requested.
SITUATIONAL HI04 - 6	380	Quantity O R 1/15 Numeric value of quantity	
			INDUSTRY: Procedure Quantity
			Required if requesting authorization for more than one occurrence of the procedure identified in HI04-2 for the same time period.
SITUATIONAL	HI04 - 7	799	Version Identifier O AN 1/30 Revision level of a particular format, program, technique or algorithm
			INDUSTRY: Version, Release, or Industry Identifier
			Required if the code list referenced in HI04-1 has a version identifier. Otherwise Not Used.
SITUATIONAL	HI05 C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amounts and quantities
		ALIAS:	Procedure Code 5
		Use th	nis for the fifth procedure.
REQUIRED	HI05 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
		c	CODE DEFINITION
New Code	Added ———	ABR	Assigned by Receiver
			Use ABR for Revenue Codes in Code Source 132:
			National Uniform Billing Committee (NUBC) codes.

	ВО	Health Care Financing Administration Common Procedural Coding System
		Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.
		CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
		CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
	JP	National Standard Tooth Numbering System
		CODE SOURCE 135: American Dental Association Codes
	NDC	National Drug Code (NDC)
		CODE SOURCE 134: National Drug Code CODE SOURCE 240: National Drug Code by Format
	ZZ	Mutually Defined
		Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.
New Note Added ————————————————————————————————		This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.
REQUIRED HI05 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
		INDUSTRY: Procedure Code
SITUATIONAL HI05 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
		Required if X12N syntax conditions apply.
	C	ODE DEFINITION
	D8	Date Expressed in Format CCYYMMDD
	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
SITUATIONAL HI05 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
		INDUSTRY: Procedure Date
		Required if proposed or actual procedure date is known.
SITUATIONAL HI05 - 5	782	Monetary Amount O R 1/18 Monetary amount
Usage Changed Industry Name Adde	d	- INDUSTRY: Procedure Monetary Amount
Note Added —	<u> </u>	Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.
SITUATIONAL HI05 - 6	380	Quantity O R 1/15 Numeric value of quantity

		INDUSTRY: Procedure Quantity							
		Required if requesting authorization for more than one occurrence of the procedure identified in HI05-2 for the same time period.							
SITUATIONAL HI05 - 7	799	Version Identifier O AN 1/30 Revision level of a particular format, program, technique or algorithm							
		INDUSTRY: Version, Release, or Industry Identifier							
		Required if the code list referenced in HI05-1 has a version identifier. Otherwise Not Used.							
SITUATIONAL HI06 CO		TH CARE CODE INFORMATION d health care codes and their associated dates, amounts and quantities							
	ALIAS:	Procedure Code 6							
	Use th	se this for the sixth procedure.							
REQUIRED HI06 - 1									
REQUIRED 1100 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list							
	C	CODE DEFINITION							
New Code Added ———	ABR	Assigned by Receiver							
		Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.							
	во	Health Care Financing Administration Common Procedural Coding System							
		Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.							
		CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System							
	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure							
		CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure							
	JP	National Standard Tooth Numbering System							
		CODE SOURCE 135: American Dental Association Codes							
	NDC	National Drug Code (NDC)							
		code source 134: National Drug Code code source 240: National Drug Code by Format							
	ZZ	Mutually Defined							
		Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.							
New Note Added		This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.							

REQUIRED HI06 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
		INDUSTRY: Procedure Code
SITUATIONAL HI06 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
		Required if X12N syntax conditions apply.
	c	CODE DEFINITION
	D8	Date Expressed in Format CCYYMMDD
	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
SITUATIONAL HI06 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
		INDUSTRY: Procedure Date
		Required if proposed or actual procedure date is known.
SITUATIONAL HI06 - 5 Usage Changed	782	Monetary Amount O R 1/18 Monetary amount
Industry Name Added	J	— INDUSTRY: Procedure Monetary Amount
Note Added ———		Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.
SITUATIONAL HI06 - 6	380	Quantity O R 1/15 Numeric value of quantity
		INDUSTRY: Procedure Quantity
		Required if requesting authorization for more than one occurrence of the procedure identified in HI06-2 for the same time period.
SITUATIONAL HI06 - 7	799	Version Identifier O AN 1/30 Revision level of a particular format, program, technique or algorithm
		INDUSTRY: Version, Release, or Industry Identifier
		Required if the code list referenced in HI06-1 has a version identifier. Otherwise Not Used.
SITUATIONAL HI07 C022		TH CARE CODE INFORMATION O d health care codes and their associated dates, amounts and quantities
	ALIAS: F	Procedure Code 7
	Use th	his for the seventh procedure.
REQUIRED HI07 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
	c	CODE DEFINITION
New Code Added ————	ABR	Assigned by Receiver
		Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.

	ВО	Health Care Financing Administration Common Procedural Coding System
		Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.
		CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
		CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
	JP	National Standard Tooth Numbering System
		CODE SOURCE 135: American Dental Association Codes
	NDC	National Drug Code (NDC)
		CODE SOURCE 134: National Drug Code CODE SOURCE 240: National Drug Code by Format
	ZZ	Mutually Defined
		Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.
New Note Added		This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.
REQUIRED HI07 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
		INDUSTRY: Procedure Code
SITUATIONAL HI07 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
		Required if X12N syntax conditions apply.
	со	DE DEFINITION
	D8	Date Expressed in Format CCYYMMDD
	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
SITUATIONAL HI07 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
		INDUSTRY: Procedure Date
		INDUSTRY: Procedure Date Required if proposed or actual procedure date is known.
SITUATIONAL HI07 - 5	782	
Usage Changed		Required if proposed or actual procedure date is known. Monetary Amount O R 1/18
		Required if proposed or actual procedure date is known. Monetary Amount O R 1/18 Monetary amount

The of quantity ocedure Quantity for requesting authorization for more than one of the procedure identified in HI07-2 for the period. The of a particular format, program, technique or algorithm perion, Release, or Industry Identifier If the code list referenced in HI07-1 has a version of the code list referenced in HI07-1 has a version of the code and their associated dates, amounts and quantities on the code 8 On the code of the
f requesting authorization for more than one of the procedure identified in HI07-2 for the period. Pentifier O AN 1/30 and of a particular format, program, technique or algorithm prison, Release, or Industry Identifier at the code list referenced in HI07-1 has a version of therwise Not Used. DDE INFORMATION O odes and their associated dates, amounts and quantities ode 8 aghth procedure.
e of the procedure identified in HI07-2 for the period. entifier O AN 1/30 and of a particular format, program, technique or algorithm arsion, Release, or Industry Identifier at the code list referenced in HI07-1 has a version Otherwise Not Used. DDE INFORMATION O odes and their associated dates, amounts and quantities ode 8 aghth procedure.
el of a particular format, program, technique or algorithm rsion, Release, or Industry Identifier of the code list referenced in HI07-1 has a version of therwise Not Used. DDE INFORMATION Opides and their associated dates, amounts and quantities ode 8 ophth procedure.
the code list referenced in HI07-1 has a version Otherwise Not Used. DDE INFORMATION Oddes and their associated dates, amounts and quantities ode 8 ghth procedure.
Otherwise Not Used. ODE INFORMATION Odes and their associated dates, amounts and quantities ode 8 Otherwise Not Used.
odes and their associated dates, amounts and quantities ode 8 ghth procedure.
ghth procedure.
•
Qualifier Code M ID 1/3 ring a specific industry code list
NITION
signed by Receiver
e ABR for Revenue Codes in Code Source 132: tional Uniform Billing Committee (NUBC) codes.
alth Care Financing Administration Common occurred Coding System
cause the AMA's CPT codes are also level 1 PCS codes, they are reported under BO.
E source 130: Health Care Financing Administration nmon Procedural Coding System
ernational Classification of Diseases Clinical dification (ICD-9-CM) Procedure
E SOURCE 131: International Classification of Diseases ical Mod (ICD-9-CM) Procedure
ional Standard Tooth Numbering System
E SOURCE 135: American Dental Association Codes
tional Drug Code (NDC)
e source 134: National Drug Code e source 240: National Drug Code by Format
tually Defined
e ZZ for Code Source 513: Home Infusion EDI alition (HIEC) Product/Service Code List.

REQUIRED HI08 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
		INDUSTRY: Procedure Code
SITUATIONAL HI08 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
		Required if X12N syntax conditions apply.
	c	ODE DEFINITION
	D8	Date Expressed in Format CCYYMMDD
	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
SITUATIONAL HI08 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
		INDUSTRY: Procedure Date
		Required if proposed or actual procedure date is known.
SITUATIONAL HI08 - 5 Usage Changed	782	Monetary Amount O R 1/18 Monetary amount
Industry Name Added		– INDUSTRY: Procedure Monetary Amount
Note Added ————		Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.
SITUATIONAL HI08 - 6	380	Quantity O R 1/15 Numeric value of quantity
		INDUSTRY: Procedure Quantity
		Required if requesting authorization for more than one occurrence of the procedure identified in HI08-2 for the same time period.
SITUATIONAL HI08 - 7	799	Version Identifier O AN 1/30 Revision level of a particular format, program, technique or algorithm
		INDUSTRY: Version, Release, or Industry Identifier
		Required if the code list referenced in HI08-1 has a version identifier. Otherwise Not Used.
SITUATIONAL HI09 C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amounts and quantities
	ALIAS: F	Procedure Code 9
	Use th	nis for the ninth procedure.
REQUIRED HI09 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
	c	ODE DEFINITION
New Code Added	ABR	Assigned by Receiver
		Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.

	ВО	Health Care Financing Administration Common Procedural Coding System
		Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.
		CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
		CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
	JP	National Standard Tooth Numbering System
		CODE SOURCE 135: American Dental Association Codes
	NDC	National Drug Code (NDC)
		code source 134: National Drug Code code source 240: National Drug Code by Format
	ZZ	Mutually Defined
		Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.
New Note Added		This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.
REQUIRED HI09 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
		INDUSTRY: Procedure Code
SITUATIONAL HI09 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
		Required if X12N syntax conditions apply.
	cc	DE DEFINITION
	D8	Date Expressed in Format CCYYMMDD
	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
SITUATIONAL HI09 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
		INDUSTRY: Procedure Date
		Required if proposed or actual procedure date is known.
SITUATIONAL HI09 - 5	782	Monetary Amount O R 1/18 Monetary amount
Usage Changed Industry Name Adde	٧	INDUSTRY: Procedure Monetary Amount
Note Added ———	<u> </u>	Use if the procedure charge amount is needed by the UMO
		to approve a monetary limitation for the health care services requested.

SITUATIONAL HI09 - 6	380	Quantity O R 1/15 Numeric value of quantity
		INDUSTRY: Procedure Quantity
		Required if requesting authorization for more than one occurrence of the procedure identified in HI09-2 for the same time period.
SITUATIONAL HI09 - 7	799	Version Identifier O AN 1/30 Revision level of a particular format, program, technique or algorithm
		INDUSTRY: Version, Release, or Industry Identifier
		Required if the code list referenced in HI09-1 has a version identifier. Otherwise Not Used.
SITUATIONAL HI10 C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amounts and quantities
	ALIAS: F	Procedure Code 10
	Use th	nis for the tenth procedure.
REQUIRED HI10 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
	c	CODE DEFINITION
New Code Added	ABR	Assigned by Receiver
		Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.
	ВО	Health Care Financing Administration Common Procedural Coding System
		Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.
		CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
		CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
	JP	National Standard Tooth Numbering System
		CODE SOURCE 135: American Dental Association Codes
	NDC	National Drug Code (NDC)
		code source 134: National Drug Code code source 240: National Drug Code by Format
	ZZ	Mutually Defined
		Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.
New Note Added		This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.

REQUIRED HI10 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
		INDUSTRY: Procedure Code
SITUATIONAL HI10 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
		Required if X12N syntax conditions apply.
	C	ODE DEFINITION
	D8	Date Expressed in Format CCYYMMDD
	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
SITUATIONAL HI10 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
		INDUSTRY: Procedure Date
		Required if proposed or actual procedure date is known.
SITUATIONAL HI10 - 5	782	Monetary Amount O R 1/18 Monetary amount
Usage Changed Industry Name Add	ded	- INDUSTRY: Procedure Monetary Amount
Note Added ——		Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.
SITUATIONAL HI10 - 6	380	Quantity O R 1/15 Numeric value of quantity
		INDUSTRY: Procedure Quantity
		Required if requesting authorization for more than one occurrence of the procedure identified in HI10-2 for the same time period.
SITUATIONAL HI10 - 7	799	Version Identifier O AN 1/30 Revision level of a particular format, program, technique or algorithm
		INDUSTRY: Version, Release, or Industry Identifier
		Required if the code list referenced in HI10-1 has a version identifier. Otherwise Not Used.
SITUATIONAL HI11 C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amounts and quantities
	ALIAS: P	Procedure Code 11
	Use th	is for the eleventh procedure.
REQUIRED HI11 - 1	1270	Code List Qualifier Code Code identifying a specific industry code list M ID 1/3
	C	ODE DEFINITION
New Code Added	ABR	Assigned by Receiver
		Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.

	ВО	Health Care Financing Administration Common Procedural Coding System
		Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.
		CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
		CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
	JP	National Standard Tooth Numbering System
		CODE SOURCE 135: American Dental Association Codes
	NDC	National Drug Code (NDC)
		CODE SOURCE 134: National Drug Code CODE SOURCE 240: National Drug Code by Format
	ZZ	Mutually Defined
		Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.
New Note Added		This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.
REQUIRED HI11 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
		INDUSTRY: Procedure Code
SITUATIONAL HI11 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
		Required if X12N syntax conditions apply.
	СО	DE DEFINITION
	D8	Date Expressed in Format CCYYMMDD
	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
SITUATIONAL HI11 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
		INDUSTRY: Procedure Date
		Required if proposed or actual procedure date is known.
SITUATIONAL HI11 - 5	782	Monetary Amount O R 1/18 Monetary amount
Usage Changed Industry Name Added		- INDUSTRY: Procedure Monetary Amount
Note Added —	•	Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.

FROCEDURES		INIT LEWIENT ATTON GOID			
SITUATIONAL HI11 - 6	380	Quantity O R 1/15 Numeric value of quantity			
		INDUSTRY: Procedure Quantity			
		Required if requesting authorization for more than one occurrence of the procedure identified in HI11-2 for the same time period.			
SITUATIONAL HI11 - 7	799	Version Identifier O AN 1/30 Revision level of a particular format, program, technique or algorithm			
		INDUSTRY: Version, Release, or Industry Identifier			
		Required if the code list referenced in HI11-1 has a version identifier. Otherwise Not Used.			
SITUATIONAL HI12 C022		TH CARE CODE INFORMATION on the lath care codes and their associated dates, amounts and quantities			
	ALIAS:	ALIAS: Procedure Code 12			
	Use th	his for the twelfth procedure.			
REQUIRED HI12 - 1	1270	Code List Qualifier Code Code identifying a specific industry code list M ID 1/3			
		CODE DEFINITION			
New Code Added	- ABR	Assigned by Receiver			
		Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.			
	ВО	Health Care Financing Administration Common Procedural Coding System			
		Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.			
		CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System			
	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure			
		CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
	JP	National Standard Tooth Numbering System			
		CODE SOURCE 135: American Dental Association Codes			
	NDC	National Drug Code (NDC) code source 134: National Drug Code			
		code source 240: National Drug Code by Format			
	ZZ	Mutually Defined			
		Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List.			
New Note Added		This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.			

			1 1100=2 011				
REQUIRED	HI12 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list				
			INDUSTRY: Procedure Code				
SITUATIONAL	HI12 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format				
			Required if X12N syntax conditions apply.				
		(CODE DEFINITION				
		D8	Date Expressed in Format CCYYMMDD				
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
SITUATIONAL	HI12 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times				
			INDUSTRY: Procedure Date				
			Required if proposed or actual procedure date is known.				
SITUATIONAL	HI12 - 5	782	Monetary Amount O R 1/18 Monetary amount				
	Usage Changed Industry Name Added Note Added ————————————————————————————————	ed	— INDUSTRY: Procedure Monetary Amount				
			Use if the procedure charge amount is needed by the UMO to approve a monetary limitation for the health care services requested.				
SITUATIONAL	HI12 - 6	380	Quantity O R 1/15 Numeric value of quantity				
			INDUSTRY: Procedure Quantity				
			Required if requesting authorization for more than one occurrence of the procedure identified in HI12-2 for the same time period.				
SITUATIONAL	HI12 - 7	799	Version Identifier O AN 1/30 Revision level of a particular format, program, technique or algorithm				
			INDUSTRY: Version, Release, or Industry Identifier				
			Required if the code list referenced in HI12-1 has a version identifier. Otherwise Not Used.				

PATIENT CONDITION INFORMATION

Loop: 2000F — SERVICE LEVEL

Usage: SITUATIONAL

Repeat: 6

Notes: 1. Use this segment to provide additional patient condition information

needed to justify the medical necessity of the services requested.

Example: CRC*75*Y*12~

STANDARD

CRC Conditions Indicator

Level: Detail Position: 100

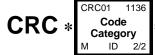
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To supply information on conditions

DIAGRAM















ELEMENT SUMMARY

USAGE	DES. ELEMENT NAME		IAME		ATTRIBUTES		
REQUIRED	CRC01	1136	Code Category	М	ID	2/2	

Specifies the situation or category to which the code applies

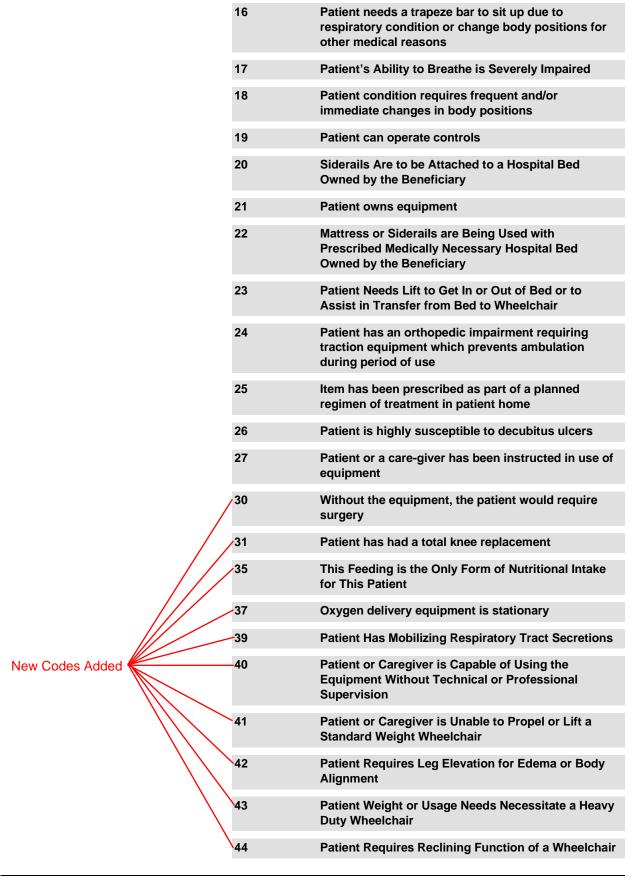
ALIAS: Condition Code Category

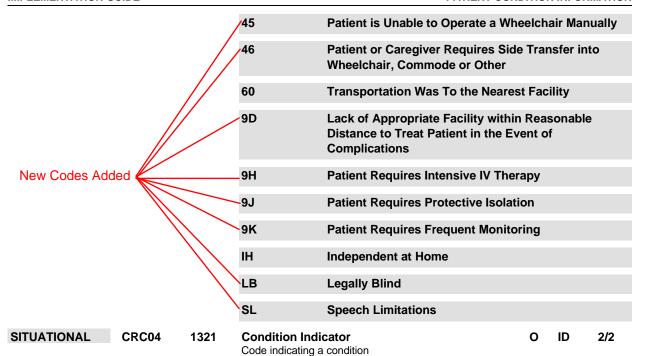
SEMANTIC: CRC01 qualifies CRC03 through CRC07.

	CODE	DEFINITION
07		Ambulance Certification
80		Chiropractic Certification
11		Oxygen Therapy Certification
75		Functional Limitations

IMPLEMENTATION G	UIDE		PATIENT CONDITION INFORMATION					
			76	Activities Permitted				
			77	Mental Status				
REQUIRED	CRC02	1073		tion or Response Code a Yes or No condition or response	M	ID	1/1	
			INDUSTRY: Certif	ication Condition Indicator				
			indicates the cor	2 is a Certification Condition Code applies in Idition codes in CRC03 through CRC07 app Idition codes in CRC03 through CRC07 do	oly; ar	ı "N" val		
			CODE	DEFINITION				
			N	No				
			Υ	Yes				
REQUIRED	CRC03	1321	Condition Ind Code indicating		M	ID	2/2	
			INDUSTRY: Cond	ition Code				
			CODE	DEFINITION				
			01	Patient was admitted to a hospital				
			02	Patient was bed confined before the service	ne an	nbulan	ce	
			03	Patient was bed confined after the service	amb	ulance	•	
			04	Patient was moved by stretcher				
			05	Patient was unconscious or in sho	ck			
			06	Patient was transported in an eme	rgen	cy situ	ation	
			07	Patient had to be physically restra	ined			
			08	Patient had visible hemorrhaging				
			09	Ambulance service was medically	nece	ssary		
			10	Patient is ambulatory				
			11	Ambulation is Impaired and Walkir Therapy or Mobility	ng Ai	d is Us	sed for	
			12	Patient is confined to a bed or cha	ir			
			13	Patient is Confined to a Room or a Bathroom Facilities	n Ar	ea With	hout	
			14	Ambulation is Impaired and Walkir Mobility	ng Ai	d is Us	sed for	
			15	Patient Condition Requires Position or Attachments Which Would Not the Use of an Ordinary Bed				

OCTOBER 2001 • NPRM DRAFT 75





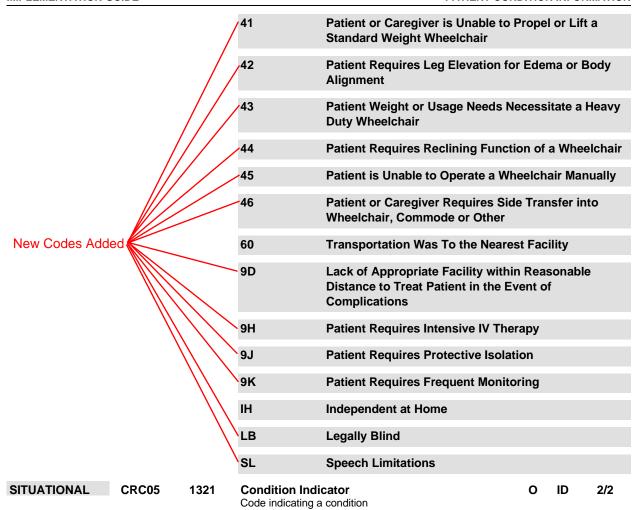
INDUSTRY: Condition Code

Use this data element to specify additional codes indicating a patient's condition.

Use if multiple conditions apply to the certification.

CODE	DEFINITION
01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
10	Patient is ambulatory
11	Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility
12	Patient is confined to a bed or chair





INDUSTRY: Condition Code

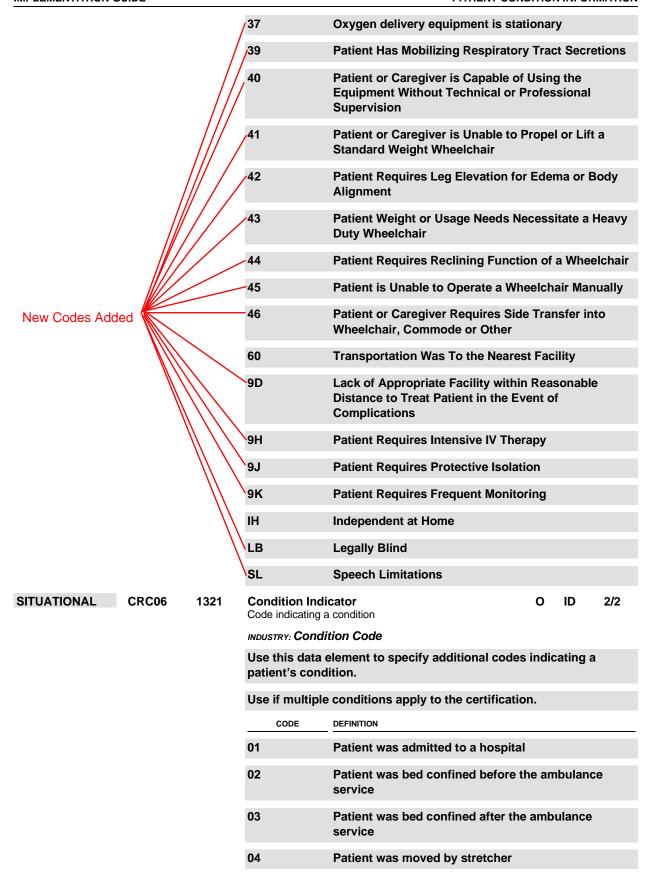
Use this data element to specify additional codes indicating a patient's condition.

Use if multiple conditions apply to the certification.

CODE	DEFINITION
01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging

09	Ambulance service was medically necessary
10	Patient is ambulatory
11	Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility
12	Patient is confined to a bed or chair
13	Patient is Confined to a Room or an Area Without Bathroom Facilities
14	Ambulation is Impaired and Walking Aid is Used for Mobility
15	Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed
16	Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons
17	Patient's Ability to Breathe is Severely Impaired
18	Patient condition requires frequent and/or immediate changes in body positions
19	Patient can operate controls
20	Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary
21	Patient owns equipment
22	Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary
23	Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair
24	Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use
25	Item has been prescribed as part of a planned regimen of treatment in patient home
26	Patient is highly susceptible to decubitus ulcers
27	Patient or a care-giver has been instructed in use of equipment
30	Without the equipment, the patient would require surgery
−31	Patient has had a total knee replacement
35	This Feeding is the Only Form of Nutritional Intake for This Patient

New Codes Added <



05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
10	Patient is ambulatory
11	Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility
12	Patient is confined to a bed or chair
13	Patient is Confined to a Room or an Area Without Bathroom Facilities
14	Ambulation is Impaired and Walking Aid is Used for Mobility
15	Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed
16	Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons
17	Patient's Ability to Breathe is Severely Impaired
18	Patient condition requires frequent and/or immediate changes in body positions
19	Patient can operate controls
20	Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary
21	Patient owns equipment
22	Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary
23	Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair
24	Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use
25	Item has been prescribed as part of a planned regimen of treatment in patient home
26	Patient is highly susceptible to decubitus ulcers
27	Patient or a care-giver has been instructed in use of equipment

			30	Without the equipment, the patient would require surgery				
		/	/31	Patient has had a total knee replacement				
			35	This Feeding is the Only Form of Nutritional Intake for This Patient				
			/37	Oxygen delivery equipment is stationary				
			/ /39	Patient Has Mobilizing Respiratory Tract Secretions				
			40	Patient or Caregiver is Capable of Using the Equipment Without Technical or Professional Supervision				
			/41	Patient or Caregiver is Unable to Propel or Lift a Standard Weight Wheelchair				
		///	42	Patient Requires Leg Elevation for Edema or Body Alignment				
			43	Patient Weight or Usage Needs Necessitate a Heavy Duty Wheelchair				
New Codes Adde	ed		-44	Patient Requires Reclining Function of a Wheelchair				
			45	Patient is Unable to Operate a Wheelchair Manually				
		46	Patient or Caregiver Requires Side Transfer into Wheelchair, Commode or Other					
			60	Transportation Was To the Nearest Facility				
			9D	Lack of Appropriate Facility within Reasonable Distance to Treat Patient in the Event of Complications				
		$\ \ \ \ \ $	9Н	Patient Requires Intensive IV Therapy				
			9J	Patient Requires Protective Isolation				
			9K	Patient Requires Frequent Monitoring				
		//	IH	Independent at Home				
		/	LB	Legally Blind				
			SL	Speech Limitations				
SITUATIONAL	CRC07	1321	Condition Ind Code indicating					
			INDUSTRY: Cond					
			use this data patient's cond	element to specify additional codes indicating a dition.				
			Use if multiple	e conditions apply to the certification.				
			CODE	DEFINITION				
			01	Patient was admitted to a hospital				

02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
10	Patient is ambulatory
11	Ambulation is Impaired and Walking Aid is Used for Therapy or Mobility
12	Patient is confined to a bed or chair
13	Patient is Confined to a Room or an Area Without Bathroom Facilities
14	Ambulation is Impaired and Walking Aid is Used for Mobility
15	Patient Condition Requires Positioning of the Body or Attachments Which Would Not be Feasible With the Use of an Ordinary Bed
16	Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons
17	Patient's Ability to Breathe is Severely Impaired
18	Patient condition requires frequent and/or immediate changes in body positions
19	Patient can operate controls
20	Siderails Are to be Attached to a Hospital Bed Owned by the Beneficiary
21	Patient owns equipment
22	Mattress or Siderails are Being Used with Prescribed Medically Necessary Hospital Bed Owned by the Beneficiary
23	Patient Needs Lift to Get In or Out of Bed or to Assist in Transfer from Bed to Wheelchair
24	Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use

	25	Item has been prescribed as part of a planned regimen of treatment in patient home
	26	Patient is highly susceptible to decubitus ulcers
	27	Patient or a care-giver has been instructed in use of equipment
	30	Without the equipment, the patient would require surgery
	/31	Patient has had a total knee replacement
	/35	This Feeding is the Only Form of Nutritional Intake for This Patient
	/ 37	Oxygen delivery equipment is stationary
///	/39	Patient Has Mobilizing Respiratory Tract Secretions
	40	Patient or Caregiver is Capable of Using the Equipment Without Technical or Professional Supervision
	41	Patient or Caregiver is Unable to Propel or Lift a Standard Weight Wheelchair
	42	Patient Requires Leg Elevation for Edema or Body Alignment
	43	Patient Weight or Usage Needs Necessitate a Heavy Duty Wheelchair
New Codes Added	 44	Patient Requires Reclining Function of a Wheelchair
	45	Patient is Unable to Operate a Wheelchair Manually
	46	Patient or Caregiver Requires Side Transfer into Wheelchair, Commode or Other
	60	Transportation Was To the Nearest Facility
	9D	Lack of Appropriate Facility within Reasonable Distance to Treat Patient in the Event of Complications
	9H	Patient Requires Intensive IV Therapy
// //	/ _/ 81	Patient Requires Protective Isolation
\\	9K	Patient Requires Frequent Monitoring
	IH III	Independent at Home
	LB	Legally Blind
	SL	Speech Limitations

ADDITIONAL SERVICE INFORMATION

Loop: 2000F — SERVICE LEVEL

Usage: SITUATIONAL

Repeat: 10

Notes:

- This PWK segment is required if the requester has additional documentation (electronic, paper, or other medium) associated with this health care services review that applies to the service(s) requested in this Service loop. This PWK segment should not be used if
 - a. the 278 request (ST-SE) supports this information in its segments and data elements, or
 - b. the 278 request (ST-SE) does not support this information and the needed information pertains to the health care services review and not to a specific service.
- 2. This PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group rather than by paper or other medium. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be referenced in the electronic attachment.
- The requester can also use this PWK segment to identify paperwork that is held at the provider's office and is available upon request by the UMO (or appropriate entity). Use code AA in PWK02 to convey this specific use of the PWK segment. See code note under PWK02, code AA.

Refer to Section 2.2.5 for more information on using this PWK segment.

Example: PWK*OB*BM***AC*DMN0012~

STANDARD

PWK Paperwork

Level: Detail

Position: 155

Loop: HL

Requirement: Optional

Max Use: >1

Purpose: To identify the type or transmission or both of paperwork or supporting

information

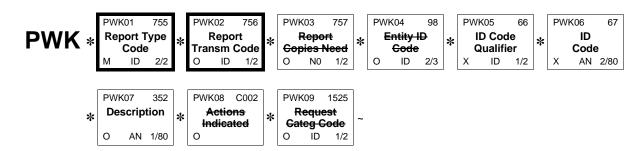
Syntax: 1. P0506

If either PWK05 or PWK06 is present, then the other is required.

REF.

DATA

DIAGRAM



ELEMENT SUMMARY

USAGE	DES.	ELEMENT	NAME			ATTRIBU	TES	
REQUIRED	PWK01	755	Report Type Code		М	ID	2/2	

Code indicating the title or contents of a document, report or supporting item

INDUSTRY: Attachment Report Type Code

COL	DE	DEFINITION
03		Report Justifying Treatment Beyond Utilization Guidelines
04		Drugs Administered
05		Treatment Diagnosis
06		Initial Assessment
07		Functional Goals Expected outcomes of rehabilitative services.
08		Plan of Treatment
09		Progress Report
10		Continued Treatment
11		Chemical Analysis
13		Certified Test Report
15		Justification for Admission
21		Recovery Plan
48		Social Security Benefit Letter
55		Rental Agreement Use for medical or dental equipment rental.
59		Benefit Letter
77		Support Data for Verification
A3		Allergies/Sensitivities Document
A4		Autopsy Report

OCTOBER 2001 ◆ NPRM DRAFT 87

AM	Ambulance Certification Information to support necessity of ambulance trip.
AS	Admission Summary
	A brief patient summary; it lists the patient's chief
	complaints and the reasons for admitting the patient to the hospital.
AT	Purchase Order Attachment
	Use for purchase of medical or dental equipment.
B2	Prescription
В3	Physician Order
BR	Benchmark Testing Results
BS	Baseline
ВТ	Blanket Test Results
СВ	Chiropractic Justification
	Lists the reasons chiropractic is just and
	appropriate treatment.
СК	Consent Form(s)
D2	Drug Profile Document
DA	Dental Models
DB	Durable Medical Equipment Prescription
DG	Diagnostic Report
DJ	Discharge Monitoring Report
DS	Discharge Summary
FM	Family Medical History Document
НС	Health Certificate
HR	Health Clinic Records
15	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M 1	Medical Record Attachment
NN	Nursing Notes
ОВ	Operative Note
ОС	Oxygen Content Averaging Report
OD	Orders and Treatments Document

OE	Objective Physical Examination (in signs) Document	clud	ing vita	al
ОХ	Oxygen Therapy Certification			
P4	Pathology Report			
P5	Patient Medical History Document			
P6	Periodontal Charts			
P7	Periodontal Reports			
PE	Parenteral or Enteral Certification			
PN	Physical Therapy Notes			
РО	Prosthetics or Orthotic Certificatio	n		
PQ	Paramedical Results			
PY	Physician's Report			
PZ	Physical Therapy Certification			
QC	Cause and Corrective Action Repo	rt		
QR	Quality Report			
RB	Radiology Films			
RR	Radiology Reports			
RT	Report of Tests and Analysis Repo	ort		
RX	Renewable Oxygen Content Average	ging	Report	
SG	Symptoms Document			
V5	Death Notification			
XP	Photographs			
Report Transr	mission Code	0	ID	1/2

REQUIRED PWK02 756

O ID '

Code defining timing, transmission method or format by which reports are to be sent

INDUSTRY: Attachment Transmission Code

CODE	DEFINITION
AA	Available on Request at Provider Site This means that the paperwork is not being sent with the request at this time. Instead, it is available to the UMO (or appropriate entity) on request.
ВМ	By Mail
EL	Electronically Only Use to indicate that the attachment is being transmitted in a separate X12 functional group.
EM	E-Mail

OCTOBER 2001 • NPRM DRAFT 89

			FX	By Fax					
				•					
			VO	Voice					
				Use this for voicemail or phone	comm	unicatio	on.		
NOT USED	PWK03	757	Report Copie	es Needed	0	N0	1/2		
NOT USED	PWK04	98	Entity Identif	ier Code	0	ID	2/3		
SITUATIONAL	PWK05	66		n Code Qualifier ng the system/method of code structure us	X sed for I	ID dentifica	1/2 ation		
			SYNTAX: P0506						
			comment: PWK number.	05 and PWK06 may be used to identify the	e addres	ssee by	a code		
			This data element is required when PWK02 DOES NOT equal "AA" or "VO". The requester can use it when PWK02 equals "AA" if the requester wants to send a document control number for an attachment remaining at the Provider's office.						
			CODE	DEFINITION					
			AC	Attachment Control Number					
SITUATIONAL	PWK06	67	Identification		х	AN	2/80		
SITUATIONAL	PWK06	67	Identification Code identifyin	n Code	х	AN	2/80		
SITUATIONAL	PWK06	67	Identification Code identifyin	n Code g a party or other code	х	AN	2/80		
SITUATIONAL	PWK06	67	Identification Code identifyin INDUSTRY: Attac SYNTAX: P0506	n Code g a party or other code	x	AN	2/80		
SITUATIONAL	PWK06	67 352	Identification Code identifyin INDUSTRY: Attac SYNTAX: P0506 Required if F Description	n Code g a party or other code chment Control Number	0	AN	1/80		
			Identification Code identifyin INDUSTRY: Attac SYNTAX: P0506 Required if F Description A free-form des	n Code g a party or other code chment Control Number PWK02 equals BM, EL, EM or FX.	0	AN	1/80		
			Identification Code identifyin INDUSTRY: Attac SYNTAX: P0506 Required if F Description A free-form des INDUSTRY: Attac	n Code g a party or other code chment Control Number PWK02 equals BM, EL, EM or FX. scription to clarify the related data element chment Description 07 may be used to indicate special informat	O s and th	AN eir conte	1/80 ent		
			Identification Code identifyin INDUSTRY: Attac SYNTAX: P0506 Required if F Description A free-form des INDUSTRY: Attac COMMENT: PWK specified report This data ele	n Code g a party or other code chment Control Number PWK02 equals BM, EL, EM or FX. scription to clarify the related data element chment Description 07 may be used to indicate special informat	O s and th	AN eir conte	1/80 ent		
			Identification Code identifyin INDUSTRY: Attac SYNTAX: P0506 Required if F Description A free-form des INDUSTRY: Attac COMMENT: PWK specified report This data ele	n Code g a party or other code chment Control Number PWK02 equals BM, EL, EM or FX. scription to clarify the related data element chment Description 07 may be used to indicate special informat. ement is used to add any additional ent described in this segment.	O s and th	AN eir conte	1/80 ent		

90 OCTOBER 2001 • NPRM DRAFT

Health Care Services Review — Response to Request for **Review**

It is recommended that separate transaction sets be used for different patients.

Table 1 - Header

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
256	010	ST	Transaction Set Header	R	1	_
257	020	BHT	Beginning of Hierarchical Transaction	R	1	

Table 2 - Utilization Management Organization (UMO) Detail

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000A UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL			1
259	010	HL	Utilization Management Organization (UMO) Level	R	1	
261	030	AAA	Request Validation	S	9	
			LOOP ID - 2010A UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME			1
263	170	NM1	Utilization Management Organization (UMO) Name	R	1	
266	220	PER	Utilization Management Organization (UMO) Contact Information	S	1	
269	230	AAA	Utilization Management Organization (UMO) Request Validation	S	9	

Table 2 - Requester Detail

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000B REQUESTER LEVEL			1
272	010	HL	Requester Level	R	1	
			LOOP ID - 2010B REQUESTER NAME			1
274	170	NM1	Requester Name	R	1	
277	180	REF	Requester Supplemental Identification	S	8	
279	230	AAA	Requester Request Validation	S	9	
281	240	PRV	Requester Provider Information	S	1	

Table 2 - Subscriber Detail

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000C SUBSCRIBER LEVEL			1
283	010	HL	Subscriber Level	R	1	
286	020	TRN	Patient Event Tracking Number — New Segment Adde	d S	3	
288	030	AAA	Subscriber Request Validation	S	9	
						ı

				_		1
290	070	DTP	Accident Date	S	1	
291	070	DTP	Last Menstrual Period Date	S	1	
292	070	DTP	Estimated Date of Birth	S	1	
293	070	DTP	Onset of Current Symptoms or Illness Date	S	1	
294	080	HI	Subscriber Diagnosis	S	1	
305	155	PWK	Additional Patient Information — New Segment Added	S	10	
			LOOP ID - 2010CA SUBSCRIBER NAME			1
310	170	NM1	Subscriber Name Segment ID Change	d R	1	
313	180	REF	Subscriber Supplemental Identification	S	9	
315	230	AAA	Subscriber Request Validation	S	9	
317	250	DMG	Subscriber Demographic Information	S	1	
			LOOP ID - 2010CB ADDITIONAL PATIENT New Lo	ор А	dded —	1
319	170	NM1	Additional Patient Information Contact Name	S	1	
323	200	N3	Additional Patient Information Contact Address	S	1	
324	210	N4	Additional Patient Information Contact City/State/Zip Code	S	1	
326	220	PER	Additional Patient Information Contact Information	S	1	

Table 2 - Dependent Detail

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000D DEPENDENT LEVEL			1
330	010	HL	Dependent Level	S	1	
332	020	TRN	Patient Event Tracking Number — New Segment Added	d S	3	
335	030	AAA	Dependent Request Validation	S	9	
337	070	DTP	Accident Date	S	1	
338	070	DTP	Last Menstrual Period Date	S	1	
339	070	DTP	Estimated Date of Birth	S	1	
340	070	DTP	Onset of Current Symptoms or Illness Date	S	1	
341	080	HI	Dependent Diagnosis	S	1	
352	155	PWK	Additional Patient Information — New Segment Added	S	10	
			LOOP ID - 2010DA DEPENDENT NAME			1
357	170	NM1	Dependent Name Loop ID Changed	R	1	
360	180	REF	Dependent Supplemental Identification	S	3	
362	230	AAA	Dependent Request Validation	S	9	
364	250	DMG	Dependent Demographic Information	S	1	
366	260	INS	Dependent Relationship	S	1	
	270	DTP	Date or Time or Period	S	1	
			LOOP ID - 2010DB ADDITIONAL PATIENT INFORMATION CONTACT NAME New Lo	op Add	ded	1
369	170	NM1	Additional Patient Information Contact Name	S	1	
373	200	N3	Additional Patient Information Contact Address	S	1	
374	210	N4	Additional Patient Information Contact City/State/Zip Code	S	1	
376	220	PER	Additional Patient Information Contact Information	S	1	

Table 2 - Service Provider Detail

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000E SERVICE PROVIDER LEVEL			>1
380	010	HL	Service Provider Level	R	1	
382	160	MSG	Message Text	s	1	
			LOOP ID - 2010E SERVICE PROVIDER NAME			3
383	170	NM1	Service Provider Name	R	1	
386	180	REF	Service Provider Supplemental Identification	S	7	
388	200	N3	Service Provider Address	S	1	
389	210	N4	Service Provider City/State/ZIP Code	S	1	
391	220	PER	Service Provider Contact Information	S	1	
394	230	AAA	Service Provider Request Validation	S	9	
396	240	PRV	Service Provider Information	s	1	

Table 2 - Service Detail

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000F SERVICE LEVEL			>1
398	010	HL	Service Level	R	1	
400	020	TRN	Service Trace Number	S	3	
403	030	AAA	Service Request Validation	S	9	
405	040	UM	Health Care Services Review Information	R	1	
411	050	HCR	Health Care Services Review	S	1	
414	060	REF	Previous Certification Identification	S	1	
415	070	DTP	Service Date	S	1	
417	070	DTP	Admission Date	S	1	
419	070	DTP	Discharge Date	S	1	
421	070	DTP	Surgery Date	S	1	
423	070	DTP	Certification Issue Date	S	1	
424	070	DTP	Certification Expiration Date	S	1	
425	070	DTP	Certification Effective Date	S	1	
426	080	HI	Procedures	S	1	
446	090	HSD	Health Care Services Delivery	S	1	
451	110	CL1	Institutional Claim Code	S	1	
453	120	CR1	Ambulance Transport Information	S	1	
455	130	CR2	Spinal Manipulation Service Information	S	1	
460	140	CR5	Home Oxygen Therapy Information	S	1	
464	150	CR6	Home Health Care Information	S	1	
467	155	PWK	Additional Service Information — New Segment Add	ed S	10	
472	160	MSG	Message Text	S	1	_
			LOOP ID - 2010F ADDITIONAL SERVICE	Loop Ac	Idod ——	1
			INI ORMATION CONTACT NAME	Loop Ac	ided -	
473	170	NM1	Additional Service Information Contact Name	S	1	
477	200	N3	Additional Service Information Contact Address	S	1	
478	210	N4	Additional Service Information Contact City/State/Zip Code	S	1	
480	220	PER	Additional Service Information Contact Information	S	1	
484	280	SE	Transaction Set Trailer	R	1	

PATIENT EVENT TRACKING NUMBER

Loop: 2000C — SUBSCRIBER LEVEL

Usage: SITUATIONAL

Repeat: 3

Notes: 1. Any trace numbers provided at this level on the request must be returned by the UMO at this level of the 278 response.

> 2. The UMO can assign a trace number to this patient event for tracking purposes.

3. If the 278 request transaction passes through more than one clearinghouse, the second (and subsequent) clearinghouse may choose one of the following options.

If the second or subsequent clearinghouse needs to assign their own TRN segment they may replace the received TRN segment belonging to the sending clearinghouse with their own TRN segment. Upon returning a 278 response to the sending clearinghouse, they must remove their TRN segment and replace it with the sending clearinghouse's TRN segment.

If the second or subsequent clearinghouse does not need to assign their own TRN segment, they should merely pass all TRN segments received in the 278 response transaction.

4. If the 278 request passes through a clearinghouse that adds their own TRN in addition to a requester TRN, the clearinghouse will receive a response from the UMO containing two TRN segments that contain the value "2" (Referenced Transaction Trace Number) in TRN01. If the UMO has assigned a TRN, the UMO's TRN will contain the value "1" (Current Transaction Trace Number) in TRN01. If the clearinghouse chooses to pass their own TRN values to the requester, the clearinghouse must change the value in their TRN01 to "1" because, from the requester's perspective, this is not a referenced transaction trace number.

Example: TRN*2*2001042801*9012345678*CARDIOLOGY~

STANDARD

TRN Trace

Level: Detail Position: 020

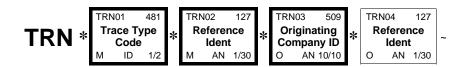
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To uniquely identify a transaction to an application

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBL	TES
REQUIRED	TRN01	481	Trace Type Code Code identifying which transaction is being referenced CODE DEFINITION	M	ID	1/2
			Current Transaction Trace Number 1 The term "Current Transaction Trace number assigned of the 278 response transaction Trace Number 278 response trace Number 278	race N ned by	the cr	
			2 Referenced Transaction Trace N The term "Referenced Transacti refers to the trace number origin request transaction.	on Tra	ce Nun	
REQUIRED	TRN02	127	Reference Identification Reference information as defined for a particular Transactory the Reference Identification Qualifier	M ction Set	AN or as sp	1/30 pecified
			INDUSTRY: Patient Event Tracking Number			
			SEMANTIC: TRN02 provides unique identification for the tra	ansactio	n.	
REQUIRED	TRN03	509	Originating Company Identifier A unique identifier designating the company initiating the instructions. The first character is one-digit ANSI identific (ICD) followed by the nine-digit identification number whice employer identification number (EIN), data universal num or a user assigned number; the ICD for an EIN is 1, DUN number is 9	ation co ch may l bering s	de desig be an IR system (S DUNS),
			INDUSTRY: Trace Assigning Entity Number			
			SEMANTIC: TRN03 identifies an organization.			
			Use this element to identify the organization the trace number. If TRN01 is "2", this is the value original 278 request transaction. If TRN01 is "1" information to identify the UMO organization the trace number.	receive ', use t	d in th	е
			The first position must be either a "1" if an EIN DUNS is used or a "9" if a user assigned identifi			if a

SITUATIONAL

TRN04

127

Reference Identification

O AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

INDUSTRY: Trace Assigning Entity Additional Identifier

SEMANTIC: TRN04 identifies a further subdivision within the organization.

Use this information if necessary to further identify a specific component, such as a specific division or group, of the company identified in the previous data element (TRN03).

96 OCTOBER 2001 ● NPRM DRAFT

SUBSCRIBER DIAGNOSIS

Loop: 2000C — SUBSCRIBER LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Required if valued on the request and used by the UMO to render a

decision.

It is recommended that the UMO retain the diagnosis information carried on the request for use in subsequent health care service review inquiries and notifications related to the original request.

New Note 3. Added —

-3. The UMO can use each occurrence of the Health Care Code Information composite (C022) to specify codes that identify the specific information that the UMO requires from the provider to complete the medical review. In the C022 composite, data elements 1270 and 1271 support the use of codes supplied from the Logical Observation Identifier Names and Codes (LOINC™) List. These codes identify high-level health care information groupings, specific data elements, and associated modifiers.

This code set is not allowed for use under HIPAA at the time of this writing. Refer to Section 2.2.5 of this guide for more information on requesting additional information in the 278 response.

Example: HI*BF:41090~

STANDARD

HI Health Care Information Codes

Level: Detail
Position: 080
Loop: HL

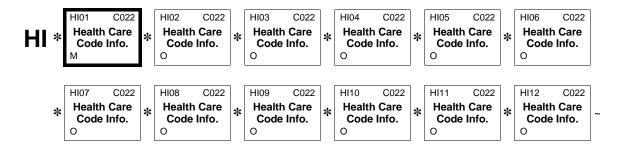
4 0.0

Requirement: Optional

Max Use: 1

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES		
REQUIRED	HI01	C022		H CARE CODE INFORMATION health care codes and their associated dates, am	M ounts a	ınd quar	ntities		
			ALIAS: C	IAS: Diagnosis 1					
REQUIRED	HI01 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3		
				INDUSTRY: Diagnosis Type Code					
			c	DE DEFINITION					
			BF	Diagnosis					
				CODE SOURCE 131: International Classific Clinical Mod (ICD-9-CM) Procedure	ation of	Diseas	es		
			BJ	Admitting Diagnosis					
				CODE SOURCE 131: International Classific Clinical Mod (ICD-9-CM) Procedure	ation of	Diseas	es		
			BK	Principal Diagnosis					
				CODE SOURCE 131: International Classific Clinical Mod (ICD-9-CM) Procedure	ation of	Diseas	es		
New Code	Added ——		-LOI	Logical Observation Identifier Na (LOINC) Codes	mes a	nd Cod	des		
				See Section 2.2.5 for information request additional information.	on us	ing LO	INC to		
				CODE SOURCE 663: Logical Observation I Codes (LOINC)	dentifie	r Names	s and		
REQUIRED	HI01 - 2		1271	Industry Code Code indicating a code from a specific industry c	M ode list	AN	1/30		
				INDUSTRY: Diagnosis Code					
SITUATIONAL	HI01 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or or	X late and	ID d time fo	2/3 ormat		
				Required if X12N syntax conditions appl	/ -				
			c	DE DEFINITION					
			D8	Date Expressed in Format CCYY	имdd				
SITUATIONAL	HI01 - 4		1251	Date Time Period Expression of a date, a time, or range of dates, ti	X mes or	AN dates a	1/35 nd times		
				INDUSTRY: Diagnosis Date					
				Use only when the date diagnosed is known	wn.				
NOT USED	HI01 - 5		782	Monetary Amount	0	R	1/18		
NOT USED	HI01 - 6		380	Quantity	0	R	1/15		
NOT USED	HI01 - 7		799	Version Identifier	0	AN	1/30		

SITUATIONAL	HI02	C022		HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities						
			ALIAS: [Diagnosi	is 2					
			Requir decisi		lued on the request and used by	the UM	O to re	ender a		
REQUIRED	HI02 - 1		1270		List Qualifier Code entifying a specific industry code list	М	ID	1/3		
				INDUSTR	y: Diagnosis Type Code					
			с	ODE	DEFINITION					
			BF		Diagnosis					
					CODE SOURCE 131: International Class Clinical Mod (ICD-9-CM) Procedure	fication of	Diseas	es		
			BJ		Admitting Diagnosis					
					CODE SOURCE 131: International Class Clinical Mod (ICD-9-CM) Procedure	fication o	f Diseas	es		
New Code	d Added —		-LOI		Logical Observation Identifier I (LOINC) Codes	Names a	nd Co	des		
					See Section 2.2.5 for information request additional information.		ing LC	OINC to		
					CODE SOURCE 663: Logical Observatio Codes (LOINC)	n Identifie	r Name	s and		
REQUIRED	HI02 - 2		1271		ry Code dicating a code from a specific industry	M code list	AN	1/30		
				INDUSTR	y: Diagnosis Code					
SITUATIONAL	HI02 - 3		1250		ime Period Format Qualifier dicating the date format, time format, c	X or date and	ID d time fo	2/3 ormat		
				Requir	ed if X12N syntax conditions ap	ply.				
			с	ODE	DEFINITION					
			D8		Date Expressed in Format CCY	YMMDD)			
SITUATIONAL	HI02 - 4		1251		ime Period sion of a date, a time, or range of dates	X , times or	AN dates a	1/35 and times		
				INDUSTR	y: Diagnosis Date					
				Use or	nly when the date diagnosed is k	nown.				
NOT USED	HI02 - 5		782	Monet	ary Amount	0	R	1/18		
NOT USED	HI02 - 6		380	Quanti	ity	0	R	1/15		
NOT USED	HI02 - 7		799	Versio	n Identifier	0	AN	1/30		
SITUATIONAL	HI03	C022			E CODE INFORMATION are codes and their associated dates, a	O amounts a	and qua	ntities		
			ALIAS: [Diagnosi	's 3					
			Requi		lued on the request and used by	the UM	O to re	ender a		

REQUIRED	HI03 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
				INDUSTRY: Diagnosis Type Code
			С	CODE DEFINITION
			BF	Diagnosis
				CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
New Co	de Value —		- LOI	Logical Observation Identifier Names and Codes (LOINC) Codes
				See Section 2.2.5 for information on using LOINC to request additional information.
				CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)
REQUIRED	HI03 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				INDUSTRY: Diagnosis Code
SITUATIONAL	HI03 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
				Required if X12N syntax conditions apply.
			c	CODE DEFINITION
			D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	HI03 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
				INDUSTRY: Diagnosis Date
				Use only when the date diagnosed is known.
NOT USED	HI03 - 5		782	Monetary Amount O R 1/18
NOT USED	HI03 - 6		380	Quantity O R 1/15
NOT USED	HI03 - 7		799	Version Identifier O AN 1/30
SITUATIONAL	HI04	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amounts and quantities
			ALIAS: [Diagnosis 4
			Requi	ired if valued on the request and used by the UMO to render a ion.
REQUIRED	HI04 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
				INDUSTRY: Diagnosis Type Code
			c	CODE DEFINITION
			BF	Diagnosis
				CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

New Code Added ————	—LOI		Logical Observation Identifier Nan (LOINC) Codes	nes a	nd Cod	les
			See Section 2.2.5 for information or request additional information.	n us	ing LO	NC to
			CODE SOURCE 663: Logical Observation Ide Codes (LOINC)	entifie	· Names	and
REQUIRED HI04 - 2	1271	Industry Code ind	y Code licating a code from a specific industry cod	M de list	AN	1/30
		INDUSTRY	: Diagnosis Code			
SITUATIONAL HI04 - 3	1250		me Period Format Qualifier licating the date format, time format, or da	X te and	ID I time for	2/3 rmat
		Require	ed if X12N syntax conditions apply	1		
	c	ODE	DEFINITION			
	D8		Date Expressed in Format CCYYM	MDD		
SITUATIONAL HI04 - 4	1251		me Period on of a date, a time, or range of dates, tim	X les or	AN dates ar	1/35 and times
		INDUSTRY	: Diagnosis Date			
		Use onl	ly when the date diagnosed is know	vn.		
NOT USED HI04 - 5	782	Moneta	ry Amount	0	R	1/18
NOT USED HI04 - 6	380	Quantit		0	R	1/15
NOT USED HI04 - 7	799		n Identifier	0	AN	1/30
SITUATIONAL HI05 C022			CODE INFORMATION	0	AII	1/30
11100 0022		-	re codes and their associated dates, amo	unts a	nd quan	tities
	ALIAS: [Diagnosis	: 5			
	Requi		ued on the request and used by the	e UM	O to rei	nder a
DEGUIDED	uecisi					
REQUIRED HI05 - 1	1270		ist Qualifier Code entifying a specific industry code list	M	ID	1/3
		INDUSTRY	: Diagnosis Type Code			
	c	ODE	DEFINITION			
	BF		Diagnosis			
			CODE SOURCE 131: International Classifica Clinical Mod (ICD-9-CM) Procedure	tion of	Disease	es
New Code Added ————	-LOI		Logical Observation Identifier Nan (LOINC) Codes	ies a	nd Cod	les
			See Section 2.2.5 for information or request additional information.	n us	ing LO	INC to
			CODE SOURCE 663: Logical Observation Ide Codes (LOINC)	entifie	Names	and
REQUIRED HI05 - 2	1271	Industry Code ind	y Code licating a code from a specific industry cod	M de list	AN	1/30
			: Diagnosis Code			

1250 Date Time Period Format Qualifier		100.0						,	
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				CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
New Cod	e Added —		LOI	Logical Observation Identifier Names and Codes (LOINC) Codes
				See Section 2.2.5 for information on using LOINC to request additional information.
				CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)
REQUIRED	HI08 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				INDUSTRY: Diagnosis Code
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REQUIRED				ALIAS: L	Diagnosis	s 11			
Code identifying a specific industry code list New Code Definition				•		ued on the request and used by t	he UM	O to re	ender a
New Code Added	REQUIRED	HI11 - 1		1270			M	ID	1/3
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REQUIRED HI11 - 2 1271 Industry Code M AN Code indicating a code from a specific industry code list INDUSTRY: Diagnosis Code SITUATIONAL HI11 - 3 1250 Date Time Period Format Qualifier X ID Code indicating the date format, time format, or date and time for Required if X12N syntax conditions apply. CODE DEFINITION D8 Date Expressed in Format CCYYMMDD SITUATIONAL HI11 - 4 1251 Date Time Period X AN Expression of a date, a time, or range of dates, times or dates an INDUSTRY: Diagnosis Date Use only when the date diagnosed is known.	New Code	Added —		LOI		_	ames a	nd Co	des
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Use only when the date diagnosed is known.	SITUATIONAL	HI11 - 4		1251					1/35 and times
					INDUSTRY	: Diagnosis Date			
					Use on	ly when the date diagnosed is kn	own.		
NOT USED HI11 - 5 782 Monetary Amount O R	NOT USED	HI11 - 5		782	Moneta	ary Amount	0	R	1/18

•								
NOT USED	HI11 - 6		380	Quant	ity	0	R	1/15
NOT USED	HI11 - 7		799	Versio	n Identifier	0	AN	1/30
SITUATIONAL	HI12	C022		_	E CODE INFORMATION are codes and their associated dates, amo	O ounts a	and qua	ntities
			ALIAS: L	Diagnosi	is 12			
			Requi decisi		lued on the request and used by th	e UM	O to re	ender a
REQUIRED	HI12 - 1		1270		List Qualifier Code lentifying a specific industry code list	M	ID	1/3
				INDUSTR	y: Diagnosis Type Code			
			c	ODE	DEFINITION			
			BF		Diagnosis			
					CODE SOURCE 131: International Classifica Clinical Mod (ICD-9-CM) Procedure	ation o	f Diseas	ses
New Coo	de Added -		LOI		Logical Observation Identifier Nar (LOINC) Codes	nes a	nd Co	des
					See Section 2.2.5 for information request additional information.	on us	ing LC	OINC to
					CODE SOURCE 663: Logical Observation Id Codes (LOINC)	lentifie	r Name	s and
REQUIRED	HI12 - 2		1271		ry Code dicating a code from a specific industry co	M de list	AN	1/30
				INDUSTR	y: Diagnosis Code			
SITUATIONAL	HI12 - 3		1250		ime Period Format Qualifier didicating the date format, time format, or date	X ate an	ID d time fo	2/3 ormat
				Requi	red if X12N syntax conditions apply	'.		
			c	ODE	DEFINITION			
			D8		Date Expressed in Format CCYYN	IMDD)	
SITUATIONAL	HI12 - 4		1251		ime Period sion of a date, a time, or range of dates, tir	X nes or	AN dates a	1/35 and times
				INDUSTR	y: Diagnosis Date			
					nly when the date diagnosed is kno	wn.		
NOT USED	HI12 - 5		782	Monet	ary Amount	0	R	1/18
NOT USED	HI12 - 6		380	Quant	-	0	R	1/15
NOT USED	HI12 - 7		799		n Identifier	0	AN	1/30

ADDITIONAL PATIENT INFORMATION

Loop: 2000C — SUBSCRIBER LEVEL

Usage: SITUATIONAL

Repeat: 10

1. This PWK segment is used only if the subscriber is the patient. Notes:

- 2. The UMO can use this PWK segment on the response to request additional patient information. If the UMO has pended the decision on this health care services review request (HCR01 = A4) because additional medical necessity information is required (HCR03 = 90), the UMO can use this segment to identify the type of documentation needed such as forms that the provider must complete. The UMO can also indicate what medium it has used to send these forms.
- 3. Paperwork requested at the patient level should apply to the patient event and/or all the services requested. Use the PWK segment in the appropriate Service loop if requesting medical necessity information for a specific service.
- 4. This PWK segment is required to identify requests for specific data that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group rather than by paper or using LOINC in the HI segments of the response. PWK06 is used to identify the attached electronic questionnaire. The number in PWK06 should be referenced in the corresponding electronic attachment.
- 5. This PWK segment should not be used if a. the requester should have provided the information within the 278 request (ST-SE) but failed to do so. In this case the UMO should use the AAA segments in the 278 response to indicate the data that is missing or invalid.

b. the 278 request (ST-SE) does not support this information and the needed information pertains to a specific service identified in Loop 2000F and not to all the services requested.

Refer to Section 2.2.5 for more information on using this segment.

Example: PWK*OB*BM***AC*DMN0012~

STANDARD

PWK Paperwork

Level: Detail

Position: 155

Loop: HL

Requirement: Optional

Max Use: >1

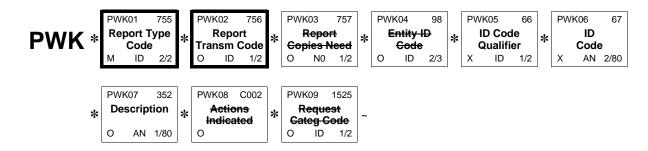
Purpose: To identify the type or transmission or both of paperwork or supporting

information

Syntax: 1. P0506

If either PWK05 or PWK06 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES					
REQUIRED	PWK01	755	Report Type Code indicating	e Code g the title or contents of a document, report or supporting item					
			INDUSTRY: Atta	chment Report Type Code					
			CODE	DEFINITION					
			03	Report Justifying Treatment Beyond Utilization Guidelines					
			04	Drugs Administered					
			05	Treatment Diagnosis					
			06	Initial Assessment					
			07	Functional Goals					
				Expected outcomes of rehabilitative services.					
			08	Plan of Treatment					
			09	Progress Report					
			10	Continued Treatment					
			11	Chemical Analysis					
			13	Certified Test Report					
			15	Justification for Admission					
			21	Recovery Plan					
			48	Social Security Benefit Letter					
			55	Rental Agreement Use for medical or dental equipment rental.					
			59	Benefit Letter					

77	Support Data for Verification
A3	Allergies/Sensitivities Document
A4	Autopsy Report
AM	Ambulance Certification Information to support necessity of ambulance trip.
AS	Admission Summary A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital.
AT	Purchase Order Attachment Use for purchase of medical or dental equipment.
B2	Prescription
В3	Physician Order
BR	Benchmark Testing Results
BS	Baseline
ВТ	Blanket Test Results
СВ	Chiropractic Justification Lists the reasons chiropractic is just and appropriate treatment.
СК	Consent Form(s)
D2	Drug Profile Document
DA	Dental Models
DB	Durable Medical Equipment Prescription
DG	Diagnostic Report
DJ	Discharge Monitoring Report
DS	Discharge Summary
FM	Family Medical History Document
HC	Health Certificate
HR	Health Clinic Records
15	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M 1	Medical Record Attachment
NN	Nursing Notes

ОВ	Operative Note
ОС	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
ОХ	Oxygen Therapy Certification
P4	Pathology Report
P5	Patient Medical History Document
P6	Periodontal Charts
P7	Periodontal Reports
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes
РО	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
QC	Cause and Corrective Action Report
QR	Quality Report
RB	Radiology Films
RR	Radiology Reports
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
XP	Photographs
Report Transn	nission Code O ID 1/2

REQUIRED

PWK02 756

Code defining timing, transmission method or format by which reports are to be sent

INDUSTRY: Attachment Transmission Code

CODE	DEFINITION
ВМ	By Mail
EL	Electronically Only Use to indicate that attachment is being transmitted in a separate X12 functional group.

111 OCTOBER 2001 • NPRM DRAFT

004010X094A1 • 278 ADDITIONAL PATIEN			New Segment	t Added	ASC X12N • INSU			MMITTEE ON GUIDE
			EM	E-Mail				
			FX	By Fax				
			vo	Voice			!	
				Use this for vo	oicemail or phone	commu	unicatio	on.
NOT USED	PWK03	757	Report Copies	Needed		0	N0	1/2
NOT USED	PWK04	98	Entity Identifie	er Code		0	ID	2/3
SITUATIONAL	PWK05	66		Code Qualifier g the system/methor	od of code structure u	X ised for I	ID dentifica	1/2 ation
			SYNTAX: P0506					
			COMMENT: PWK05 number.	5 and PWK06 may	be used to identify th	e addres	ssee by	a code
			This data elem	nent is required	when PWK02 DO	ES NO	Γequal	"VO".
			CODE	DEFINITION				
			AC	Attachment Co	ontrol Number			
SITUATIONAL	PWK06	67	Identification (Code a party or other co	de	X	AN	2/80
			INDUSTRY: Attack	hment Control N	lumber			
			SYNTAX: P0506					
			Required if PV	VK02 equals BN	I, EL, EM or FX.			
SITUATIONAL	PWK07	352	Description A free-form desc	ription to clarify the	related data elemen	O ts and th	AN eir conte	1/80 ent
			INDUSTRY: Attack	hment Descripti	on			
			ADVISORY: Under I	most circumstance	s, this element is not	sent.		
			comment: PWK07 specified report.	7 may be used to in	ndicate special inform	ation to	be show	n on the

This data element is used to add any additional information about the attachment described in this segment.

ADVISORY: Under most circumstances, this composite is not sent.

0

0

ID

1/2

112 OCTOBER 2001 • NPRM DRAFT

ACTIONS INDICATED

Request Category Code

NOT USED

NOT USED

PWK08

PWK09

C002

1525

SUBSCRIBER NAME

Loop: 2010CA — SUBSCRIBER NAME Repeat: 1 Loop ID Changed

Usage: REQUIRED

Repeat: 1

Example: NM1*IL*1*SMITH*JOE****MI*12345678901~

STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 170

> Loop: HL/NM1 Repeat: >1

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

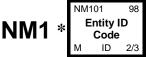
1. P0809 Syntax:

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

DIAGRAM











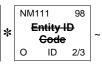












ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUTI	ES
REQUIRED	NM101	98	Entity Identified Code identifying a individual	er Code an organizational entity, a physical location	M , prop	ID erty or a	2/3 n
			CODE	DEFINITION			
			IL	Insured or Subscriber			
REQUIRED	NM102	1065	Entity Type Qu Code qualifying t		M	ID	1/1

DEFINITION CODE

1 Person

SUBSCRIBER NAME	• 20 <u>10CA</u> •	NM1	- Loop ID Char	asc x12N • I	NSURANCE IMPLEME			
SITUATIONAL	NM103	1035		Organization Name ame or organizational name	0	AN	1/35	
			INDUSTRY: Subs	criber Last Name				
			Required if va	alued on the request.				
SITUATIONAL	NM104	1036	Name First Individual first na	ame	0	AN	1/25	
			INDUSTRY: Subs	criber First Name				
			Required if va	alued on the request.				
SITUATIONAL	NM105	1037	Name Middle Individual middle	e name or initial	0	AN	1/25	
			INDUSTRY: Subs	criber Middle Name				
			Use if NM104 subscriber is	is valued and the middle nam known.	ne/initial of	the		
NOT USED	NM106	1038	Name Prefix		0	AN	1/10	
SITUATIONAL	NM107	1039	Name Suffix Suffix to individu	ual name	0	AN	1/10	
			INDUSTRY: Subs	criber Name Suffix				
			Use this for the	he suffix of an individual's na	me; e.g., Sr	., Jr., o	r III.	
REQUIRED	NM108	66	Code designatin Code (67)	Code Qualifier g the system/method of code struct	X ture used for l	ID dentifica	1/2 ation	
			SYNTAX: P0809					
			CODE	DEFINITION				
			MI	Member Identification Num		!!!	_	
					The code MI is intended to I identification number as as Payers use different termine same number. Use MI - Men Number to convey the follow Subscriber's ID, Health Insu (HIC), etc.	signed by t ology to co nber Identif wing terms	he payenvey the ication	er. ne ed's ID
			ZZ	Mutually Defined The value "ZZ", when used shall be defined as "HIPAA once this identifier has been Health Insurance Portability of 1996, the Secretary of Hemust adopt a standard individual this transaction.	Individual I n adopted. v and Accou alth and Hu	dentific Under untabili ıman S	er" the ty Act ervice	
REQUIRED	NM109	67	Identification		х	AN	2/80	
				a party or other code				
			INDUOTOV SUBC					
				criber Primary Identifier				
				ber Member Number				

0

ID

2/3

Entity Identifier Code

NOT USED

NM111

98

OCTOBER 2001 • NPRM DRAFT Original Page Number 264 Dated May 2000 115

Loop ID Changed

SUBSCRIBER SUPPLEMENTAL IDENTIFICATION

Loop: 2010CA — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 9

Notes:

- 1. Use this segment when needed to provide a supplemental identifier for the subscriber. The primary identifier is the Member Identification Number in the NM1 segment.
- 2. Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Numbers are to be provided in the NM1 segment as a Member Identification Number when it is the primary number a UMO knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.
- 3. If the requester valued this segment with the Patient Account Number (REF01 = "EJ") on the request, the UMO must return the same value in this segment on the response.

Example: REF*SY*123456789~

STANDARD

REF Reference Identification

Level: Detail Position: 180

Loop: HL/NM1

Requirement: Optional

Max Use: 9

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM









ELEMENT SUMMARY

Loop ID Changed

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES			
REQUIRED	REF01	128		entification Qualifier the Reference Identification	M	ID	2/3			
			CODE	DEFINITION						
			1L	Group or Policy Number						
				Use this code only if you cannot number is a Group Number (6P) ((IG).						
			1W	Member Identification Number						
				Do not use if NM108 = MI.						
			6P	Group Number						
		A6	Employee Identification Number	Employee Identification Number						
			EJ	Patient Account Number						
			F6	Health Insurance Claim (HIC) Nur	nber					
				Use the NM1 (Subscriber Name) subscriber's HIC number is the phis or her coverage. Use this cod segment when the payer has a dinumber, and there also is a need dependent's HIC number. This medicare HMO situation.	rimary e only fferen to pas	y identi y in a R t meml ss the	fier for EF ber			
			HJ	Identity Card Number						
						Use this code when the Identity C from the Member Identification N particularly prevalent in the Medi	umbe	r. This	is	
			IG	Insurance Policy Number						
			N6	Plan Network Identification Number						
			NQ	Medicaid Recipient Identification Number						
			SY	Social Security Number						
				Use this code only if the Social S not the primary identifier for the social security number may not be Medicare.	subsc	riber. T				
REQUIRED	REF02	127	Reference Ide Reference infor by the Reference	entification mation as defined for a particular Transact ce Identification Qualifier	X ion Set	AN or as sp	1/30 pecified			
			INDUSTRY: Subs	scriber Supplemental Identifier						
			SYNTAX : R0203							
NOT USED	REF03	352	Description		X	AN	1/80			
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0					

Loop ID Changed

SUBSCRIBER REQUEST VALIDATION

Loop: 2010CA — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 9

1. Required only if the request is not valid at this level.

Example: AAA*N**67~

STANDARD

AAA Request Validation

Level: Detail

Position: 230

Loop: HL/NM1

Requirement: Optional

Max Use: 9

Purpose: To specify the validity of the request and indicate follow-up action authorized

DIAGRAM









ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	AAA01	1073		ition or Response Code a Yes or No condition or response	M	ID	1/1
			INDUSTRY: Valid	Request Indicator			
				1 designates whether the request is valid o e code is valid; code "N" indicates that the			
			CODE	DEFINITION			
			N	No			
			Y	Yes			
NOT USED	AAA02	559	Agency Quali	fier Code	0	ID	2/2

Agency Qualifier Code

AAA02

559

IMPLEMENTATION	GUIDE				SUBSCRIBER RE	ROES	1 VAL	IDATION			
SITUATIONAL	ITUATIONAL AAA03	901	Reject Reasor Code assigned b		Loop ID Changed <	6	ID	2/2			
			Required if AA	Required if AAA01 = "N".							
			CODE	DEFINITION							
			15	Required app	olication data missing						
				another Reject	ta is missing that is no ct Reason Code. Use to nough data to identify	o indi	cate t	hat			
			58	Invalid/Missir	ng Date-of-Birth						
			64	Invalid/Missing Patient ID							
			65	Invalid/Missir	ng Patient Name						
			66	Invalid/Missing Patient Gender Code							
			67	Patient Not F	ound						
			68	Duplicate Patient ID Number							
			71	Patient Birth Date Does Not Match That for the Patient on the Database							
			72	Invalid/Missir	ng Subscriber/Insured	ID					
			73	Invalid/Missir	ng Subscriber/Insured	Name)				
			74	Invalid/Missir	ng Subscriber/Insured	Gend	er Co	de			
			75	Subscriber/In	sured Not Found						
			76	Duplicate Sul	bscriber/Insured ID Nu	mber					
			77	Subscriber Fo	ound, Patient Not Four	ıd					
			78	Subscriber/In	nsured Not in Group/Pla	an Ide	entifie	ed .			
			79	Invalid Partic	ipant Identification						
				Use for invali identifier.	id/missing subscriber s	suppl	emen	tal			
			95	Patient Not E	ligible						
SITUATIONAL	AAA04	04 889	Follow-up Act Code identifying	ion Code follow-up actions		0	ID	1/1			
					t and indicates that the iber or patient data.	e reje	ction	is due			
			CODE	DEFINITION							
			С	Please Corre	ct and Resubmit						
		N	Resubmissio	n Not Allowed							

Loop ID Changed

SUBSCRIBER DEMOGRAPHIC INFORMATION

Loop: 2010CA — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Use this segment to convey birth date or gender demographic

information about the subscriber.

2. Required if the information is available in the UMO's database unless a rejection response was generated and the elements were not valued

on the request.

Example: DMG*D8*19580322*M~

STANDARD

DMG Demographic Information

Level: Detail

Position: 250

Loop: HL/NM1

Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

Syntax: 1. P0102

If either DMG01 or DMG02 is present, then the other is required.

DIAGRAM









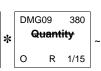












ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUT	ΓES
REQUIRED	DMG01	1250	Date Time Period Format Qualifier	X	ID	2/3

Code indicating the date format, time format, or date and time format

SYNTAX: P0102

CODE DEFINITION

D8 Date Expressed in Format CCYYMMDD

REQUIRED DMG0		DMG02 1251		Date Time Period Loop ID Changed X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times						
			INDUSTRY: Sub s	scriber Birth Date						
			SYNTAX: P0102							
			SEMANTIC: DMG	02 is the date of birth.						
SITUATIONAL	DMG03	1068	Gender Code Code indicating	ently the sex of the individual	0	ID	1/1			
			INDUSTRY: Sub	scriber Gender Code						
			Required if v	alued on the request.						
			CODE	DEFINITION						
			F	Female						
			M	Male						
			U	Unknown						
NOT USED	DMG04	1067	Marital Statu	s Code	0	ID	1/1			
NOT USED	DMG05	1109	Race or Ethr	nicity Code	0	ID	1/1			
NOT USED	DMG06	1066	Citizenship S	Status Code	0	ID	1/2			
NOT USED	DMG07	26	Country Cod	e	0	ID	2/3			
NOT USED	DMG08	659	-	fication Code	0	ID	1/2			
NOT USED	DMG09	380	Quantity		0	R	1/15			
			-							

ADDITIONAL PATIENT INFORMATION CONTACT NAME

Loop: 2010CB — ADDITIONAL PATIENT INFORMATION CONTACT NAME

Repeat: 1

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Use this NM1 loop to identify the destination location to route the

response for the requested additional patient information.

2. Information in this loop overrides information supplied in the UMO Name NM1 loop (Loop 2010A).

3. Use this NM1 loop only if

a. the subscriber is the patient

b. the response contains a request for additional patient information in loop 2000C

c. the destination for the response to the request for additional patient information differs from the information specified in the UMO Name NM1 loop (Loop 2010A)

d. the request for additional patient information is not transmitted in another X12 functional group

4. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Refer to Section 2.2.5 for more information on this NM1 loop.

Example: NM1*TV*2*ACME THIRD PARTY ADMINISTRATOR~

STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 170

> Loop: HL/NM1 Repeat: >1

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

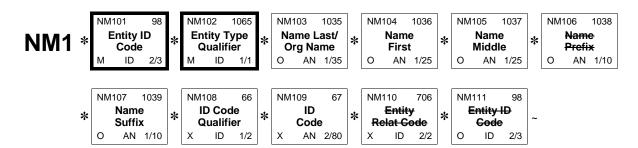
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.





ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU [*]	TES			
REQUIRED	NM101	98		Entity Identifier Code M ID 2/ Code identifying an organizational entity, a physical location, property or an individual						
			CODE	DEFINITION						
			1P	Provider						
			2B	Third-Party Administrator						
			ABG	Organization						
				Use when the destination is an ent those listed.	n is an entity other than					
			FA	Facility						
			PR	Payer						
			Х3	Utilization Management Organizati	on					
REQUIRED	NM102	1065	Entity Type Q Code qualifying	ualifier the type of entity	M	ID	1/1			
			SEMANTIC: NM102	2 qualifies NM103.						
			CODE	DEFINITION						
			1	Person						
				Use this name only if the destination individual, such as an individual puphysician.						
			2	Non-Person Entity						
SITUATIONAL	NM103	1035		Organization Name ame or organizational name	0	AN	1/35			
			INDUSTRY: Response Contact Last or Organization Name							
		Required if th	e responder needs to identify the de	stina	ation by	y name.				

			<u> </u>						
SITUATIONAL	NM104	1036	Name First Individual first name	0	AN	1/25			
			INDUSTRY: Response Contact First Name						
			Use if NM103 is valued and the destination is an individual (NM102 = 1), such as a primary care provider.						
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial	0	AN	1/25			
			INDUSTRY: Response Contact Middle Name						
		Use if NM104 is present and the middle name/in known.	itial of	the pe	erson is				
NOT USED	NM106	1038	Name Prefix	0	AN	1/10			
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name	0	AN	1/10			
			INDUSTRY: Response Contact Name Suffix						
			Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.						
SITUATIONAL	NM108	66	Identification Code Qualifier Code designating the system/method of code structure us Code (67)	X sed for l	ID dentifica	1/2 ation			
			SYNTAX: P0809						

Required if the responder needs to use an identifier to identify the destination.

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number
46	Electronic Transmitter Identification Number (ETIN)
PI	Payor Identification Use until the National PlanID is mandated if the destination is a payer.
XV	Health Care Financing Administration National PlanID Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.
	Use if the destination is a payer.
	CODE SOURCE 540: Health Care Financing Administration National PlanID
XX	Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used. Use if the destination is a provider.

ASC X12N ● INSUR IMPLEMENTATION		MMITTEE	004010X New Segment Added Additional Patient Inf	094A1 • 278 ORMATION	• 2010 CONTA	CB • NM1 CT NAME
SITUATIONAL	NM109	67	Identification Code Code identifying a party or other code	X	AN	2/80
			ındustry: Response Contact Identifier			
			SYNTAX: P0809			
			Required if NM108 is used.			
NOT USED	NM110	706	Entity Relationship Code	Х	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	0	ID	2/3

ADDITIONAL PATIENT INFORMATION CONTACT ADDRESS

Loop: 2010CB — ADDITIONAL PATIENT INFORMATION CONTACT NAME

Usage: SITUATIONAL

Repeat: 1

Notes:

- 1. This segment identifies the office location to route the response to the request for additional patient information.
- 2. Use this segment only if the subscriber is the patient and the response to the request for additional patient information must be routed to a specific office location.
- 3. Do not use if the request for additional patient information is in another X12 functional group.

Example: N3*43 SUNRISE BLVD*SUITE 1000~

STANDARD

N3 Address Information

Level: Detail Position: 200

Loop: HL/NM1

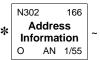
Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

DIAGRAM

N301 166
Address
Information
M AN 1/55



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES	
REQUIRED	N301	Α	Address Information Address information	M	AN	1/55	
		INDUSTRY: Response Contact Address Line					
		Use this element for the first line of the requester's address.					
SITUATIONAL	N302	166	Address Information Address information	0	AN	1/55	
		INDUSTRY: Response Contact Address Line					
			Required only if a second address line exists.				

ADDITIONAL PATIENT INFORMATION CONTACT CITY/STATE/ZIP CODE

Loop: 2010CB — ADDITIONAL PATIENT INFORMATION CONTACT NAME

Usage: SITUATIONAL

Repeat: 1

Notes:

- 1. This segment identifies the office location to route the response to the request for additional patient information.
- 2. Use this segment only if the subscriber is the patient and the response to the request for additional patient information must be routed to a specific office location.
- 3. Do not use if the request for additional patient information is in another X12 functional group.

Example: N4*MIAMI*FL*33131**DP*UTILIZATION REVIEW DEPT~

STANDARD

N4 Geographic Location

Level: Detail

Position: 210

Loop: HL/NM1

Requirement: Optional

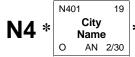
Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: 1. C0605

If N406 is present, then N405 is required.

DIAGRAM

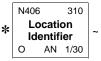












ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	ITES
SITUATIONAL	N401	19	City Name	0	AN	2/30

Free-form text for city name

INDUSTRY: Response Contact City Name

COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.

Use when necessary to provide this data as part of the response contact location identification.

SITUATIONAL	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency						
			INDUSTRY: Response Contact State or Province Code						
			COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.						
			CODE SOURCE 22: States and Outlying Areas of the U.S.						
			Use when necessary to provide this data as part of the response contact location identification.						
SITUATIONAL	N403	116	Postal Code Code defining international postal zone code excluding punctuation and blank (zip code for United States)						
			INDUSTRY: Response Contact Postal Zone or ZIP Code						
			CODE SOURCE 51: ZIP Code						
			Use when necessary to provide this data as part of the response contact location identification.						
SITUATIONAL	N404	26	Country Code Code identifying the country						
			INDUSTRY: Response Contact Country Code						
		CODE SOURCE 5: Countries, Currencies and Funds							
		Use only if the address is out of the U.S.							
SITUATIONAL	N405	309	Location Qualifier X ID 1/						
			Code identifying type of location						
			syntax: C0605						
			Required if N406 is valued.						
			CODE DEFINITION						
			B1 Branch						
			DP Department						
SITUATIONAL	N406 310	310	Location Identifier O AN 1/3 Code which identifies a specific location						
		INDUSTRY: Response Contact Specific Location							
			SYNTAX: C0605						
			Required if N405 is valued.						
			Value this field if the response to the request for additional information must be directed to a particular domain.						

ADDITIONAL PATIENT INFORMATION CONTACT INFORMATION

Loop: 2010CB — ADDITIONAL PATIENT INFORMATION CONTACT NAME

Usage: SITUATIONAL

Repeat: 1

Notes:

- 1. Required if the provider must direct the response to the request for additional patient information to a specific requester contact, electronic mail, facsimile, or phone number other than the contact provided in the PER segment in the UMO Name loop (Loop 2010A) PER segment of this 278 response.
- 2. Information in this loop overrides information supplied in the UMO Name NM1 loop (Loop 2010A).
- 3. Use this segment only if the subscriber is the patient.
- 4. Do not use if the request for additional patient information is in another X12 functional group.
- 5. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.
- 6. By definition of the standard, if PER03 is used, PER04 is required.

Example: PER*IC*MARY*FX*3135554321~

STANDARD

PER Administrative Communications Contact

Level: Detail Position: 220

Loop: HL/NM1

Requirement: Optional

Max Use: 3

Purpose: To identify a person or office to whom administrative communications should be

directed

Syntax: 1. P0304

If either PER03 or PER04 is present, then the other is required.

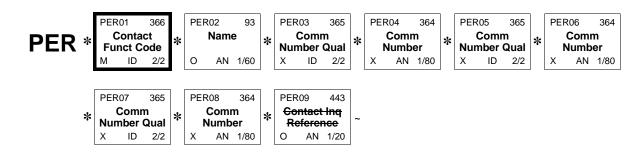
2. P0506

If either PER05 or PER06 is present, then the other is required.

3. P0708

If either PER07 or PER08 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	PER01	366	Contact Function	on Code ne major duty or responsibility of the persor	M n or g	ID group na	2/2 imed
			CODE	DEFINITION		•	
			IC	Information Contact			
SITUATIONAL	PER02	93	Name Free-form name		0	AN	1/60
			INDUSTRY: Respor	nse Contact Name			
			Used only when	n response must be directed to a pa	artic	ular co	ntact.
			not already defi	lement when the name of the individined or is different than the name well (e.g. N1 or NM1).			
SITUATIONAL	PER03	365		n Number Qualifier ne type of communication number	X	ID	2/2
		Required if PER	R02 is not valued and may be used i act communication number.	if ne	cessar	y to	
			CODE	DEFINITION			
			EM	Electronic Mail			
			FX	Facsimile			
			TE	Telephone			
SITUATIONAL	SITUATIONAL PER04 364	364	Communication Complete commun applicable	n Number nications number including country or area	X code	AN when	1/80
		INDUSTRY: Respor	nse Contact Communication Numbe	er			
			SYNTAX : P0304				
				R02 is not valued and may be used i act communication number.	if ne	cessar	y to

130

OCTOBER 2001 • NPRM DRAFT 131

Contact Inquiry Reference

0

AN

1/20

NOT USED

PER09

443

PATIENT EVENT TRACKING NUMBER

Loop: 2000D — DEPENDENT LEVEL

Usage: SITUATIONAL

Repeat: 3

Notes: 1. Any trace numbers provided at this level on the request must be returned by the UMO at this level of the 278 response.

> 2. The UMO can assign a trace number to this patient event for tracking purposes.

3. If the 278 request transaction passes through more than one clearinghouse, the second (and subsequent) clearinghouse may choose one of the following options:

If the second or subsequent clearinghouse needs to assign their own TRN segment they may replace the received TRN segment belonging to the sending clearinghouse with their own TRN segment. Upon returning a 278 response to the sending clearinghouse, they must remove their TRN segment and replace it with the sending clearinghouse's TRN segment.

If the second or subsequent clearinghouse does not need to assign their own TRN segment, they should merely pass all TRN segments received in the 278 request in the 278 response transaction.

4. If the 278 request passes through a clearinghouse that adds their own TRN in addition to a requester TRN, the clearinghouse will receive a response from the UMO containing two TRN segments that contain the value "2" (Referenced Transaction Trace Number) in TRN01. If the UMO has assigned a TRN, the UMO's TRN will contain the value "1" (Current Transaction Trace Number) in TRN01. If the clearinghouse chooses to pass their own TRN values to the requester, the clearinghouse must change the value in their TRN01 to "1" because, from the requester's perspective, this is not a referenced transaction trace number.

Example: TRN*2*2001042801*9012345678*CARDIOLOGY~

STANDARD

TRN Trace

Level: Detail Position: 020

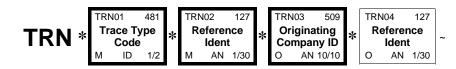
Loop: HL

Requirement: Optional

Max Use: 9

Purpose: To uniquely identify a transaction to an application

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBL	JTES
REQUIRED	RED TRN01 481		Trace Type Code Code identifying which transaction is being referenced CODE DEFINITION		ID	1/2
			Current Transaction Trace Nur The term "Current Transaction refers to the trace number assi of the 278 response transactio	Trace N	the cr	
	NUIDED	2 Referenced Transaction Trace The term "Referenced Transac refers to the trace number orig request transaction.	tion Tra	ce Nun		
REQUIRED	TRN02	127	Reference Identification Reference information as defined for a particular Transby the Reference Identification Qualifier	M action Se	AN t or as sp	1/30 pecified
			INDUSTRY: Patient Event Tracking Number			
			SEMANTIC: TRN02 provides unique identification for the	ransactio	n.	
REQUIRED	TRN03	509	Originating Company Identifier A unique identifier designating the company initiating the further instructions. The first character is one-digit ANSI identificate (ICD) followed by the nine-digit identification number which employer identification number (EIN), data universal number or a user assigned number; the ICD for an EIN is 1, DUNS number is 9		de desig be an IR system (S DUNS),
			INDUSTRY: Trace Assigning Entity Identifier			
			SEMANTIC: TRN03 identifies an organization.			
			Use this element to identify the organization t trace number. If TRN01 is "2", this is the value original 278 request transaction. If TRN01 is "information to identify the UMO organization t trace number.	receive 1", use t	ed in th this	е
			The first position must be either a "1" if an EII DUNS is used or a "9" if a user assigned identified in the control of the co			' if a

SITUATIONAL

TRN04

127

Reference Identification

O AN

1/30 Reference information as defined for a particular Transaction Set or as specified

by the Reference Identification Qualifier

INDUSTRY: Trace Assigning Entity Additional Identifier

SEMANTIC: TRN04 identifies a further subdivision within the organization.

Use this information if necessary to further identify a specific component, such as a specific division or group, of the company identified in the previous data element (TRN03).

134

DEPENDENT DIAGNOSIS

Loop: 2000D — DEPENDENT LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Required if valued on the request and used by the UMO to render a

decision.

It is recommended that the UMO retain the diagnosis information carried on the request for use in subsequent health care service review inquiries and notifications related to the original request.

New Note 3, Added —

-3. The UMO can use each occurrence of the Health Care Code Information composite (C022) to specify codes that identify the specific information that the UMO requires from the provider to complete the medical review. In the C022 composite, data elements 1270 and 1271 support the use of codes supplied from the Logical Observation Identifier Names and Codes (LOINC™) List. These codes identify high-level health care information groupings, specific data elements, and associated modifiers.

This code set is not allowed for use under HIPAA at the time of this writing. Refer to Section 2.2.5 of this guide for more information on requesting additional information in the 278 response.

Example: HI*BF:41090~

STANDARD

HI Health Care Information Codes

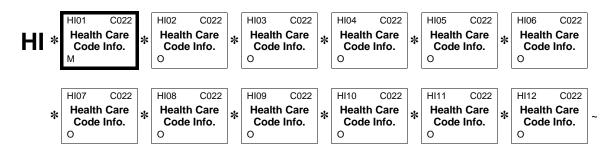
Level: Detail
Position: 080
Loop: HL

Requirement: Optional

Max Use: 1

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	HI01	C022	HEAL	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amount			
			ALIAS: [iagnosis 1			
REQUIRED	HI01 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				INDUSTRY: Diagnosis Type Code			
			C	DDE DEFINITION			
			BF	Diagnosis			
				CODE SOURCE 131: International Classific Clinical Mod (ICD-9-CM) Procedure	ation of	Diseas	es
			BJ	Admitting Diagnosis			
				CODE SOURCE 131: International Classific Clinical Mod (ICD-9-CM) Procedure	ation of	Diseas	es
			BK	Principal Diagnosis			
				CODE SOURCE 131: International Classific Clinical Mod (ICD-9-CM) Procedure	ation of	Diseas	es
New Code Added ————			-LOI	Logical Observation Identifier Na (LOINC) Codes	mes a	nd Cod	des
				See Section 2.2.5 for information request additional information.	on us	ing LO	INC to
				CODE SOURCE 663: Logical Observation Id Codes (LOINC)	dentifie	r Names	and
REQUIRED	HI01 - 2		1271	Industry Code Code indicating a code from a specific industry co	M ode list	AN	1/30
				INDUSTRY: Diagnosis Code			
SITUATIONAL	HI01 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or d	X ate and	ID d time fo	2/3 ermat
				Required if X12N syntax conditions apply	/ -		
			C	DE DEFINITION			
			D8	Date Expressed in Format CCYYI	/MDD	1	
SITUATIONAL	HI01 - 4		1251	Date Time Period Expression of a date, a time, or range of dates, ti	X mes or	AN dates a	1/35 nd times
				INDUSTRY: Diagnosis Date			
				Use only when the date diagnosed is known	wn.		
NOT USED	HI01 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI01 - 6		380	Quantity	0	R	1/15
NOT USED	HI01 - 7		799	Version Identifier	0	AN	1/30

SITUATIONAL	HI02	C022		_	E CODE INFORMATION are codes and their associated dates, a	O mounts a	ınd qua	ntities	
			ALIAS: Diagnosis 2						
			Required if valued on the request and used by the UMO to render a decision.						
REQUIRED	HI02 - 1		1270		List Qualifier Code lentifying a specific industry code list	М	ID	1/3	
				INDUSTR	y: Diagnosis Type Code				
			C	ODE	DEFINITION				
			BF		Diagnosis				
					CODE SOURCE 131: International Classif Clinical Mod (ICD-9-CM) Procedure	ication of	Diseas	es	
			BJ		Admitting Diagnosis				
					CODE SOURCE 131: International Classif Clinical Mod (ICD-9-CM) Procedure	ication of	Diseas	es	
New Code Value			-LOI		Logical Observation Identifier N (LOINC) Codes	ames a	nd Co	des	
				See Section 2.2.5 for information on using LOINC to request additional information.					
					CODE SOURCE 663: Logical Observation Codes (LOINC)	Identifie	r Name	s and	
REQUIRED	HI02 - 2		1271		ry Code dicating a code from a specific industry	M code list	AN	1/30	
				INDUSTR	y: Diagnosis Code				
SITUATIONAL	HI02 - 3		1250		ime Period Format Qualifier dicating the date format, time format, or	X date and	ID d time fo	2/3 ormat	
				Requir	red if X12N syntax conditions app	ly.			
			C	ODE	DEFINITION				
			D8		Date Expressed in Format CCY	MMDD			
SITUATIONAL	HI02 - 4		1251		ime Period sion of a date, a time, or range of dates,	X times or	AN dates a	1/35 nd times	
				INDUSTRY: Diagnosis Date					
				Use or	nly when the date diagnosed is kr	nown.			
NOT USED	HI02 - 5		782	Monet	ary Amount	0	R	1/18	
NOT USED	HI02 - 6		380	Quanti	ity	0	R	1/15	
NOT USED	HI02 - 7		799	Versio	n Identifier	0	AN	1/30	
SITUATIONAL	HI03	C022			E CODE INFORMATION are codes and their associated dates, a	O mounts a	ind qua	ntities	
			ALIAS: L	Diagnosi	's 3				
			Requir decision		lued on the request and used by	the UM	O to re	nder a	

REQUIRED	HI03 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list				
				INDUSTRY: Diagnosis Type Code				
			C	CODE DEFINITION				
			BF	Diagnosis				
				CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
New Cod	e Value —		-LOI	Logical Observation Identifier Names and Codes (LOINC) Codes				
				See Section 2.2.5 for information on using LOINC to request additional information.				
				CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)				
REQUIRED	HI03 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list				
				INDUSTRY: Diagnosis Code				
SITUATIONAL	HI03 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format				
				Required if X12N syntax conditions apply.				
			c	CODE DEFINITION				
			D8	Date Expressed in Format CCYYMMDD				
SITUATIONAL	HI03 - 4	125	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and time				
				INDUSTRY: Diagnosis Date				
				Use only when the date diagnosed is known.				
NOT USED	HI03 - 5		782	Monetary Amount O R 1/18				
NOT USED	HI03 - 6		380	Quantity O R 1/15				
NOT USED	HI03 - 7		799	Version Identifier O AN 1/30				
SITUATIONAL	HI04	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amounts and quantities				
			ALIAS: [IAS: Diagnosis 4				
			Requir	red if valued on the request and used by the UMO to render a ion.				
REQUIRED	HI04 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list				
				INDUSTRY: Diagnosis Type Code				
			C	CODE DEFINITION				
		BF	Diagnosis					
				CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				

New Code Value		-LOI		Logical Observation Identifier Names and Codes (LOINC) Codes					
				See Section 2.2.5 for information on using LOINC to request additional information.					
					CODE SOURCE 663: Logical Observation Id Codes (LOINC)	entifier	· Names	and	
REQUIRED	HI04 - 2		1271		ry Code dicating a code from a specific industry co	M de list	AN	1/30	
				INDUSTRY	y: Diagnosis Code				
SITUATIONAL	ITUATIONAL HI04 - 3		1250		ime Period Format Qualifier dicating the date format, time format, or date	X ate and	ID I time fo	2/3 ormat	
			Requir	ed if X12N syntax conditions apply					
		CODE [DEFINITION					
			D8		Date Expressed in Format CCYYM	MDD			
SITUATIONAL	HI04 - 4		1251		ime Period ion of a date, a time, or range of dates, tin	X nes or	AN dates a	1/35 nd times	
				INDUSTRY: Diagnosis Date					
				Use only when the date diagnosed is known.					
NOT USED	HI04 - 5		782	Moneta	ary Amount	0	R	1/18	
NOT USED	HI04 - 6		380	Quanti	-	0	R	1/15	
NOT USED	HI04 - 7		799		n Identifier	0	AN	1/30	
SITUATIONAL	HI05	C022	HEAL1	TH CARE	E CODE INFORMATION	0			
					are codes and their associated dates, amo	unts a	nd quar	ntities	
			ALIAS: Diagnosis 5						
			Requir decision		ued on the request and used by th	e UM(O to re	nder a	
REQUIRED	HI05 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3	
				INDUSTRY	r: Diagnosis Type Code				
			C	ODE	DEFINITION				
			BF		Diagnosis			_	
					CODE SOURCE 131: International Classification Clinical Mod (ICD-9-CM) Procedure	tion of	Diseas	es	
New Code	Value —		-LOI		Logical Observation Identifier Nar (LOINC) Codes	nes a	nd Cod	des	
					See Section 2.2.5 for information or request additional information.	on us	ing LO	INC to	
					CODE SOURCE 663: Logical Observation Id Codes (LOINC)	entifier	Names	and	
REQUIRED	HI05 - 2		1271		ry Code dicating a code from a specific industry co	M de list	AN	1/30	
				INDUSTRY	y: Diagnosis Code				

<u> </u>									
SITUATIONAL	HI05 -	3		1250		ne Period Format Qualifier cating the date format, time format, o	X r date and	ID I time fo	2/3 ormat
					Required	d if X12N syntax conditions ap	ply.		
				C	ODE D	DEFINITION			
				D8		Date Expressed in Format CCY	YMMDD		
SITUATIONAL	HI05 -	4		1251		ne Period n of a date, a time, or range of dates	X , times or	AN dates a	1/35 nd times
					INDUSTRY:	Diagnosis Date			
					Use only	when the date diagnosed is k	nown.		
NOT USED	HI05 -	5		782	Monetar	y Amount	0	R	1/18
NOT USED	HI05 -	6		380	Quantity	· •	0	R	1/15
NOT USED	HI05 -	7		799	Version	Identifier	0	AN	1/30
SITUATIONAL	HI06		C022		_	CODE INFORMATION	0		
						e codes and their associated dates, a	amounts a	nd quai	ntities
				ALIAS: D	Diagnosis	6			
				Requir decision		ed on the request and used by	the UM	O to re	nder a
REQUIRED	HI06 -	1		1270		st Qualifier Code htifying a specific industry code list	M	ID	1/3
						Diagnosis Type Code			
				C	ODE D	DEFINITION			
				BF		Diagnosis			
					C	CODE SOURCE 131: International Classi Clinical Mod (ICD-9-CM) Procedure	fication of	Diseas	es
New Code	e Value			-LOI		Logical Observation Identifier N LOINC) Codes	Names a	nd Co	des
						See Section 2.2.5 for information equest additional information.	on on us	ing LO	INC to
						CODE SOURCE 663: Logical Observation Codes (LOINC)	n Identifier	Names	and
REQUIRED	HI06 -	2		1271	Industry Code indic	Code cating a code from a specific industry	M code list	AN	1/30
					INDUSTRY:	Diagnosis Code			
SITUATIONAL	HI06 -	3		1250		ne Period Format Qualifier cating the date format, time format, o	X r date and	ID I time fo	2/3 ormat
					Required	d if X12N syntax conditions ap	ply.		
				Co	-	d if X12N syntax conditions ap	ply.		
				c	ODE D				
SITUATIONAL	HI06 -	4			Date Tim	DEFINITION	YMMDD X	AN dates a	1/35 nd times
SITUATIONAL	HI06 -	4		D8	Date Tim	Date Expressed in Format CCY	YMMDD X		
SITUATIONAL	HI06 -	4		D8	Date Time Expression	Date Expressed in Format CCY ne Period n of a date, a time, or range of dates	YMMDD X , times or		

NOT USED	HI06 - 6		380	Quanti	tv	0	R	1/15
NOT USED	HI06 - 7		799		n Identifier	0	AN	1/30
SITUATIONAL	HI07	C022		_	E CODE INFORMATION are codes and their associated dates, amo	O ounts a	and qua	ntities
			ALIAS: C	Diagnosi	s 7			
			Requir decisi		lued on the request and used by th	e UM	O to re	nder a
REQUIRED	HI07 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
				INDUSTR	y: Diagnosis Type Code			
			С	ODE	DEFINITION			
			BF		Diagnosis			
					CODE SOURCE 131: International Classification Clinical Mod (ICD-9-CM) Procedure	ition o	f Diseas	es
New Cod	e Value —		LOI		Logical Observation Identifier Nar (LOINC) Codes	nes a	nd Co	des
			See Section 2.2.5 for information on using LOINC to request additional information.					
					code source 663: Logical Observation Id Codes (LOINC)	entifie	r Names	s and
REQUIRED	HI07 - 2		1271		ry Code dicating a code from a specific industry co	M de list	AN	1/30
				INDUSTR	y: Diagnosis Code			
SITUATIONAL	HI07 - 3		1250		ime Period Format Qualifier dicating the date format, time format, or date	X ate an	ID d time fo	2/3 ormat
				Requir	ed if X12N syntax conditions apply	.		
			С	ODE	DEFINITION			
			D8		Date Expressed in Format CCYYN	MDD		
SITUATIONAL	HI07 - 4		1251		ime Period iion of a date, a time, or range of dates, tin	X nes or	AN dates a	1/35 nd times
				INDUSTR	y: Diagnosis Date			
				Use or	nly when the date diagnosed is kno	wn.		
NOT USED	HI07 - 5		782	Moneta	ary Amount	0	R	1/18
NOT USED	HI07 - 6		380	Quanti	•	0	R	1/15
NOT USED	HI07 - 7		799	Versio	n Identifier	0	AN	1/30
SITUATIONAL	HI08	C022			E CODE INFORMATION are codes and their associated dates, amo	O ounts a	and qua	ntities
			ALIAS: L	Diagnosi	s 8			
			Requir		lued on the request and used by th	e UM	O to re	nder a

REQUIRED	HI08 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list M ID 1/3
				INDUSTRY: Diagnosis Type Code
			с	CODE DEFINITION
			BF	Diagnosis
				CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
New Code	e Value —		-LOI	Logical Observation Identifier Names and Codes (LOINC) Codes
				See Section 2.2.5 for information on using LOINC to request additional information.
				CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)
REQUIRED	HI08 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				INDUSTRY: Diagnosis Code
SITUATIONAL	HI08 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
				Required if X12N syntax conditions apply.
			c	CODE DEFINITION
			D8	Date Expressed in Format CCYYMMDD
SITUATIONAL	SITUATIONAL HI08 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
				INDUSTRY: Diagnosis Date
				Use only when the date diagnosed is known.
NOT USED	HI08 - 5		782	Monetary Amount O R 1/18
NOT USED	HI08 - 6		380	Quantity O R 1/15
NOT USED	HI08 - 7		799	Version Identifier O AN 1/30
SITUATIONAL	HI09	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amounts and quantities
			ALIAS: [Diagnosis 9
			Requi	ired if valued on the request and used by the UMO to render a ion.
REQUIRED	HI09 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
				INDUSTRY: Diagnosis Type Code
			c	CODE DEFINITION
			BF	Diagnosis
				CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

New Code Value ————	-LOI	Logical Observation Identifier Names and Codes						
New Code Value	LOI	Logical Observation Identifier Names and Codes (LOINC) Codes						
		See Section 2.2.5 for information on using LOINC to request additional information.						
		CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)						
REQUIRED HI09 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list						
		INDUSTRY: Diagnosis Code						
SITUATIONAL HI09 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format						
		Required if X12N syntax conditions apply.						
	c	CODE DEFINITION						
	D8	Date Expressed in Format CCYYMMDD						
SITUATIONAL HI09 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times						
		INDUSTRY: Diagnosis Date						
		Use only when the date diagnosed is known.						
NOT USED HI09 - 5	782	Monetary Amount O R 1/18						
NOT USED HI09 - 6	380	Quantity O R 1/15						
NOT USED HI09 - 7	799	Version Identifier O AN 1/30						
SITUATIONAL HI10 C022		LTH CARE CODE INFORMATION O						
11110 3022		nd health care codes and their associated dates, amounts and quantities						
	ALIAS: L	Diagnosis 10						
	Requi	Required if valued on the request and used by the UMO to render a						
	decisi	sion.						
REQUIRED HI10 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list						
		INDUSTRY: Diagnosis Type Code						
	C	CODE DEFINITION						
	BF	Diagnosis						
		CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure						
New Code Value ————	-LOI	Logical Observation Identifier Names and Codes (LOINC) Codes						
		See Section 2.2.5 for information on using LOINC to request additional information.						
		CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)						
REQUIRED HI10 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list						
		INDUSTRY: Diagnosis Code						

SITUATIONAL	HI10 - 3		1250		ime Period Format Qualifier dicating the date format, time format, or c	X late an	ID d time fo	2/3 ormat	
					red if X12N syntax conditions appl				
			С	ODE	DEFINITION				
			D8		Date Expressed in Format CCYY	MMDD)		
SITUATIONAL	HI10 - 4		1251		ime Period sion of a date, a time, or range of dates, ti	X mes or	AN dates a	1/35	
					y: Diagnosis Date		u a. 		
					nly when the date diagnosed is known	own.			
NOT USED	HI10 - 5		782	Monet	ary Amount	0	R	1/18	
NOT USED	HI10 - 6		380	Quanti	-	0	R	1/15	
NOT USED	HI10 - 7		799		n Identifier	0	AN	1/30	
SITUATIONAL	HI11	C022	HEAL	TH CAR	E CODE INFORMATION	0			
					are codes and their associated dates, am	ounts a	and qua	ntities	
			ALIAS: C	Diagnosi	is 11				
			Required if valued on the request and used by the UMO to render decision.						
REQUIRED	HI11 - 1		1270		List Qualifier Code lentifying a specific industry code list	M	ID	1/3	
				INDUSTRY: Diagnosis Type Code					
			c	ODE	DEFINITION				
			BF		Diagnosis				
					CODE SOURCE 131: International Classific Clinical Mod (ICD-9-CM) Procedure	ation o	f Diseas	es	
New Co	ala Malica								
	ode value _		-LOI		Logical Observation Identifier Na (LOINC) Codes	mes a	nd Co	des	
	ode value _		-LOI						
	ode value _		-LOI		(LOINC) Codes See Section 2.2.5 for information	on us	ing LC	OINC to	
REQUIRED	HI11 - 2		1271		(LOINC) Codes See Section 2.2.5 for information request additional information. CODE SOURCE 663: Logical Observation I	on us dentifie M	ing LC r Names AN	OINC to	
REQUIRED				Code in	(LOINC) Codes See Section 2.2.5 for information request additional information. code source 663: Logical Observation I Codes (LOINC) ry Code	on us dentifie M	ing LC r Names AN	DINC to	
REQUIRED				Code in INDUSTR Date T	(LOINC) Codes See Section 2.2.5 for information request additional information. code source 663: Logical Observation I Codes (LOINC) ry Code idicating a code from a specific industry code	on us dentifie M ode list	r Names AN	1/30 2/3	
	HI11 - 2		1271	Code in INDUSTR Date T Code in	(LOINC) Codes See Section 2.2.5 for information request additional information. code source 663: Logical Observation I Codes (LOINC) ry Code idicating a code from a specific industry code: cy: Diagnosis Code Time Period Format Qualifier	on us dentifie M ode list X late and	r Names AN	1/30 2/3	
	HI11 - 2		1271 1250	Code in INDUSTR Date T Code in	(LOINC) Codes See Section 2.2.5 for information request additional information. code source 663: Logical Observation I Codes (LOINC) ry Code idicating a code from a specific industry code. ry: Diagnosis Code Time Period Format Qualifier idicating the date format, time format, or code.	on us dentifie M ode list X late and	r Names AN	1/30 2/3	
	HI11 - 2		1271 1250	Code in INDUSTR Date T Code in Requir	(LOINC) Codes See Section 2.2.5 for information request additional information. code source 663: Logical Observation I Codes (LOINC) ry Code Idicating a code from a specific industry code idicating a code from a specific industry code idicating the date format, time format, or code idicating the date format, time format, or code if X12N syntax conditions applied	on us dentifie M ode list X late and	r Names AN ID d time for	1/30 2/3	
	HI11 - 2		1271 1250	Code in INDUSTR Date T Code in Requir ODE	(LOINC) Codes See Section 2.2.5 for information request additional information. code source 663: Logical Observation I Codes (LOINC) ry Code dicating a code from a specific industry code. Y: Diagnosis Code Time Period Format Qualifier dicating the date format, time format, or code if X12N syntax conditions appled	on us dentifie M ode list X late and y.	r Names AN ID d time fo	2/3 ormat	
SITUATIONAL	HI11 - 2 HI11 - 3		1271 1250 	Code in INDUSTR Date T Code in Requir ODE Date T Express	(LOINC) Codes See Section 2.2.5 for information request additional information. code source 663: Logical Observation I Codes (LOINC) ry Code dicating a code from a specific industry code dicating a code from a specific industry code dicating the date format Qualifier dicating the date format, time format, or code diff X12N syntax conditions appled DEFINITION Date Expressed in Format CCYYI	on us dentifie M ode list X late and y.	r Names AN ID d time fo	2/3 ormat	

NOT USED HI12 - 5 782 Monetary Amount O R 1/18 NOT USED HI12 - 6 380 Quantity O R 1/15	IMPLEMENTATION G	SUIDE			DEPENDENT DIAGNOSIS							
NOT USED H111 - 7 799 Version Identifier O AN 1/30 SITUATIONAL H112 C022 HEALTH CARE CODE INFORMATION O To send health care codes and their associated dates, amounts and quantities ALIAS: Diagnosis 12 Required if valued on the request and used by the UMO to render a decision. REQUIRED H112 - 1 1270 Code List Qualifier Code Code identifying a specific industry code list MDUSTRY: Diagnosis Type Code CODE DEFINATION	NOT USED	HI11 - 5		782	Monetary Amount O R 1/18							
SITUATIONAL Hi12 C022 HEALTH CARE CODE INFORMATION O To send health care codes and their associated dates, amounts and quantities ALMS: Diagnosis 12 Required if valued on the request and used by the UMO to render a decision. REQUIRED HI12 - 1 1270 Code List Qualifier Code Code identifying a specific industry code list MNDUSTRY: Diagnosis Type Code CODE DEFINITION BF Diagnosis CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure LOI Logical Observation Identifier Names and Codes (LOINC) Codes See Section 2.2.5 for information on using LOINC to request additional information. CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC) REQUIRED HI12 - 2 1271 Industry Code Code indicating a code from a specific industry code list NNDUSTRY: Diagnosis Code SITUATIONAL HI12 - 3 1250 Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format Required if X12N syntax conditions apply. CODE DEFINITION B Date Expressed in Format CCYYMMDD SITUATIONAL HI12 - 4 1251 Date Time Period Expression of a date, a time, or range of dates, times or dates and times NNDUSTRY: Diagnosis Date Use only when the date diagnosed is known. NOT USED HI12 - 5 782 Monetary Amount O R 1/18 NOT USED HI12 - 6 380 Quantity O R 1/15	NOT USED	HI11 - 6		380	Quantity O R 1/15							
To send health care codes and their associated dates, amounts and quantities ALLAS: Diagnosis 12 Required if valued on the request and used by the UMO to render a decision. REQUIRED HI12 - 1 1270 Code List Qualifier Code Code identifying a specific industry code list MNDSTRY: Diagnosis Type Code CODE DEFINITION BF Diagnosis CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure LOI Logical Observation Identifier Names and Codes (LOINC) Codes See Section 2.2.5 for information on using LOINC to request additional information. CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC) REQUIRED HI12 - 2 1271 Industry Code Code indicating a code from a specific industry code list NNDUSTRY: Diagnosis Code SITUATIONAL HI12 - 3 1250 Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format Required if X12N syntax conditions apply. CODE DEFINITION Date Expressed in Format CCYYMMDD SITUATIONAL HI12 - 4 1251 Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times NDUSTRY: Diagnosis Date Use only when the date diagnosed is known. NOT USED HI12 - 5 782 Monetary Amount O R 1/18 NOT USED HI12 - 6 380 Quantity O R 1/15	NOT USED	HI11 - 7		799	Version Identifier O AN 1/30							
REQUIRED HI12 - 1 1270 Code List Qualifier Code Code industry code list NOUSED HI12 - 1 1270 Code List Qualifier Code Code industry code list NOUSED HI12 - 1 1270 Code List Qualifier Code M ID 1/3 1270 Code List Qualifier Code Code industry code list NOUSED HI12 - 2 1270 DEFINITION BF Diagnosis Code Source 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure LOI Logical Observation Identifier Names and Codes (LOINC) Codes See Section 2.2.5 for information on using LOINC to request additional information. Code source 663: Logical Observation Identifier Names and Codes (LOINC) Codes (LOINC) Code M AN 1/30 Code (LOINC) Code indicating a code from a specific industry code list NOUSTRY: Diagnosis Code SITUATIONAL HI12 - 3 1250 Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format Required if X12N syntax conditions apply. CODE DEFINITION DEFINITION 1251 Date Time Period X X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times NOUSTRY: Diagnosis Date Use only when the date diagnosed is known. NOT USED HI12 - 5 782 Monetary Amount O R 1/18 NOT USED HI12 - 6 380 Quantity O R 1/15	SITUATIONAL	HI12	C022									
REQUIRED HI12 - 1 1270 Code List Qualifier Code Code identifying a specific industry code list No ID 1/3 Diagnosis				ALIAS: [Diagnosis 12							
Code identifying a specific industry code list INDUSTRY: Diagnosis Type Code				-	•							
New Code Value Lol Logical Observation Identifier Names and Codes (LOINC) Codes See Section 2.2.5 for information on using LOINC to request additional information. Codes (LOINC) Codes See Section 2.2.5 for information on using LOINC to request additional information. Codes (LOINC) Codes See Section 2.2.5 for information on using LOINC to request additional information. Codes (LOINC) Codes May and 1/30	REQUIRED	HI12 - 1		1270								
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Code Code												
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Code indicating the date format, time format, or date and time format Required if X12N syntax conditions apply. CODE DEFINITION D8 Date Expressed in Format CCYYMMDD SITUATIONAL HI12 - 4 1251 Date Time Period Expression of a date, a time, or range of dates, times or dates and times INDUSTRY: Diagnosis Date Use only when the date diagnosed is known. NOT USED HI12 - 5 782 Monetary Amount O R 1/18 NOT USED HI12 - 6 380 Quantity O R 1/15					INDUSTRY: Diagnosis Code							
D8 Date Expressed in Format CCYYMMDD SITUATIONAL HI12 - 4 1251 Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times INDUSTRY: Diagnosis Date Use only when the date diagnosed is known. NOT USED HI12 - 5 782 Monetary Amount O R 1/18 NOT USED HI12 - 6 380 Quantity O R 1/15	SITUATIONAL	HI12 - 3		1250								
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NOT USED HI12 - 5 782 Monetary Amount O R 1/18 NOT USED HI12 - 6 380 Quantity O R 1/15					INDUSTRY: Diagnosis Date							
NOT USED HI12 - 6 380 Quantity O R 1/15					Use only when the date diagnosed is known.							
This of Colombia	NOT USED	HI12 - 5		782	Monetary Amount O R 1/18							
NOT USED HI12 - 7 700 Version Identifier O AN 1/30	NOT USED	HI12 - 6		380	Quantity O R 1/15							
11112 - 1 199 Version Identifier O AN 1/30	NOT USED	HI12 - 7		799	Version Identifier O AN 1/30							

ADDITIONAL PATIENT INFORMATION

Loop: 2000D — DEPENDENT LEVEL

Usage: SITUATIONAL

Repeat: 10

Notes:

- 1. The UMO can use this PWK segment on the response to request additional patient information. If the UMO has pended the decision on this health care services review request (HCR01 = A4) because additional medical necessity information is required (HCR03 = 90), the UMO can use this segment to identify the type of documentation needed such as forms that the provider must complete. The UMO can also indicate what medium it has used to send these forms.
- 2. Paperwork requested at the patient level should apply to the patient event and/or all the services requested. Use the PWK segment in the appropriate Service loop if requesting medical necessity information for a specific service.
- 3. This PWK segment is required to identify requests for specific data that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group rather than by paper or using LOINC in the HI segments of the response. PWK06 is used to identify the attached electronic questionnaire. The number in PWK06 should be referenced in the corresponding electronic attachment.
- 4. This PWK seament should not be used if a. the requester should have provided the information within the 278 request (ST-SE) but failed to do so. In this case the UMO should use the AAA segments in the 278 response to indicate the data that is missing or invalid.

b. the 278 request (ST-SE) does not support this information and the needed information pertains to a specific service identified in Loop 2000F and not to all the services requested.

Refer to Section 2.2.5 for more information on using this segment.

Example: PWK*OB*BM***AC*DMN0012~

STANDARD

PWK Paperwork

Level: Detail Position: 155

Loop: HL

Requirement: Optional

Max Use: >1

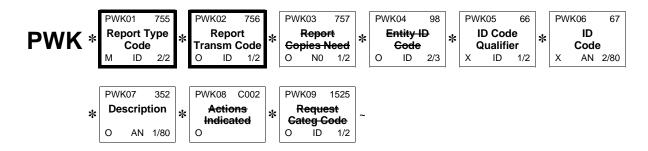
Purpose: To identify the type or transmission or both of paperwork or supporting

information

Syntax: 1. P0506

If either PWK05 or PWK06 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PWK01	755	Report Type Code indicating	Code M ID 2/2 g the title or contents of a document, report or supporting item
			INDUSTRY: Atta	chment Report Type Code
			CODE	DEFINITION
			03	Report Justifying Treatment Beyond Utilization Guidelines
			04	Drugs Administered
			05	Treatment Diagnosis
			06	Initial Assessment
			07	Functional Goals
			Expected outcomes of rehabilitative services.	
			08	Plan of Treatment
			09	Progress Report
			10	Continued Treatment
			11	Chemical Analysis
			13	Certified Test Report
			15	Justification for Admission
			21	Recovery Plan
			48	Social Security Benefit Letter
			55	Rental Agreement Use for medical or dental equipment rental.

OCTOBER 2001 • NPRM DRAFT

Benefit Letter

59

77	Support Data for Verification
A3	Allergies/Sensitivities Document
A4	Autopsy Report
AM	Ambulance Certification Information to support necessity of ambulance trip.
AS	Admission Summary A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital.
AT	Purchase Order Attachment Use for purchase of medical or dental equipment.
B2	Prescription
В3	Physician Order
BR	Benchmark Testing Results
BS	Baseline
ВТ	Blanket Test Results
СВ	Chiropractic Justification Lists the reasons chiropractic is just and appropriate treatment.
СК	Consent Form(s)
D2	Drug Profile Document
DA	Dental Models
DB	Durable Medical Equipment Prescription
DG	Diagnostic Report
DJ	Discharge Monitoring Report
DS	Discharge Summary
FM	Family Medical History Document
НС	Health Certificate
HR	Health Clinic Records
15	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M 1	Medical Record Attachment
NN	Nursing Notes

ОВ	Operative Note
ОС	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
ОХ	Oxygen Therapy Certification
P4	Pathology Report
P5	Patient Medical History Document
P6	Periodontal Charts
P7	Periodontal Reports
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes
РО	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
QC	Cause and Corrective Action Report
QR	Quality Report
RB	Radiology Films
RR	Radiology Reports
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
XP	Photographs
D T	olasian Oada

REQUIRED

PWK02 756

Report Transmission Code O ID 1/2 Code defining timing, transmission method or format by which reports are to be sent

INDUSTRY: Attachment Transmission Code

CODE	DEFINITION
ВМ	By Mail
EL	Electronically Only Use to indicate that attachment is being transmitted
	in a separate X12 functional group.

ADDITIONALIATIE	TI IITI OKWA	1014		IIVI	I LLIVIL	MIAIIC	N GOIDE	
			EM	E-Mail				
			FX	By Fax				
			VO	Voice				
				Use this for voicemail or phone of	ommı	unicatio	on.	
NOT USED	PWK03	757	Report Copies	s Needed	Ο	N0	1/2	
NOT USED	PWK04	98	Entity Identifie	er Code	0	ID	2/3	
SITUATIONAL	PWK05	66	Identification (Code designating Code (67)	Code Qualifier g the system/method of code structure us	X sed for I	ID dentifica	1/2 ation	
			SYNTAX : P0506					
			COMMENT: PWK05 number.	5 and PWK06 may be used to identify the	addres	ssee by	a code	
			This data elem	nent is required when PWK02 DOE	S NO	T equal	"VO".	
			CODE	DEFINITION				
			AC	Attachment Control Number				
SITUATIONAL	PWK06	67	Identification (Code identifying	Code a party or other code	X	AN	2/80	
			INDUSTRY: Attack	hment Control Number				
			SYNTAX: P0506					
			Required if PV	VK02 equals BM, EL, EM or FX.				
SITUATIONAL	PWK07	352	Description A free-form description	ription to clarify the related data elements	O and th	AN neir conte	1/80 ent	
			INDUSTRY: Attack	hment Description				
			comment: PWK07 specified report.	7 may be used to indicate special informa	ation to	be show	n on the	
				nent is used to add any additional at described in this segment.	inform	nation a	about	
NOT USED	PWK08	C002	ACTIONS INDI	ICATED	0			
NOT USED	PWK09	1525	Request Cate	gory Code	0	ID	1/2	

DEPENDENT NAME

Loop: 2010DA — DEPENDENT NAME Repeat: 1 Loop ID Changed

Usage: REQUIRED

Repeat: 1

Notes: 1. Use this segment to convey the name of the dependent who is the

patient.

NM108 and NM109 are situational on the response but Not Used on the request. This enables the UMO to return a unique member ID for the dependent that was not known to the requester at the time of the request. Normally, if the dependent has a unique member ID, Loop

2000D is not used.

Example: NM1*QC*1*SMITH*MARY~

STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 170

Loop: HL/NM1 Repeat: >1

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

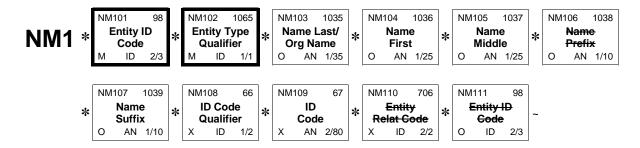
Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

Loop ID Changed

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	NM101	98	Entity Identific Code identifying individual	er Code an organizational entity, a physical location,	M prop	ID perty or a	2/3 an
			CODE	DEFINITION			
			QC	Patient			
REQUIRED	NM102	1065	Entity Type Q Code qualifying	ualifier the type of entity	М	ID	1/1
			SEMANTIC: NM102	2 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
SITUATIONAL	NM103	1035		Organization Name ame or organizational name	0	AN	1/35
			INDUSTRY: Depe l	ndent Last Name			
			Required if va	alued on the request.			
SITUATIONAL	NM104	1036	Name First Individual first na	ame	0	AN	1/25
			INDUSTRY: Dependent First Name				
			Required if va	alued on the request.			
SITUATIONAL	NM105	1037	Name Middle Individual middle	e name or initial	0	AN	1/25
			INDUSTRY: Depe	ndent Middle Name			
			Use if NM104 is known.	is valued and the middle name/initial	of t	he dep	endent
NOT USED	NM106	1038	Name Prefix		0	AN	1/10
SITUATIONAL	NM107	1039	Name Suffix Suffix to individu	al name	0	AN	1/10
			INDUSTRY: Depe l	ndent Name Suffix			
			Use this for th	ne suffix of an individual's name; e.g.	, Sr.	, Jr., o	r III.
SITUATIONAL	NM108	66		Code Qualifier g the system/method of code structure used	X for le	ID dentifica	1/2 tion
			SYNTAX: P0809				
			CODE	DEFINITION			
			MI	Member Identification Number			
				Use this code for the payer-assigned	ed id	lentifie	r for
				the dependent, even if the payer ca policy number, recipient number, H some other synonym.			

			ZZ	The value "ZZ", when used in this data element, shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of Health and Human Services must adopt a standard individual identifier for use in this transaction.						
SITUATIONAL	NM109	67	Identification Code Code identifying a party or other code INDUSTRY: Dependent Primary Identifier ALIAS: Dependent Member Number SYNTAX: P0809 Value only if the dependent has a unique		X ember ID t is data elei					
NOTUCED			used.							
NOT USED	NM110	706	Entity Relation	onship Code	Х	ID	2/2			
NOT USED	NM111	98	Entity Identifi	ier Code	0	ID	2/3			

Loop ID Changed

DEPENDENT SUPPLEMENTAL IDENTIFICATION

Loop: 2010DA — DEPENDENT NAME

Usage: SITUATIONAL

Repeat: 3

Notes: 1. Use this segment when necessary to provide supplemental identifiers

for the dependent.

2. If the requester valued this segment with the Patient Account Number (REF01 = "EJ") on the request, the UMO must return the same value

in this segment on the response.

Example: REF*SY*123456789~

STANDARD

REF Reference Identification

Level: Detail Position: 180

Loop: HL/NM1

Requirement: Optional

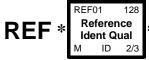
Max Use: 9

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM









ELEMENT SUMMARY

USAGE	DES.	ELEMENT	NAME		ATTRIBUTES				
REQUIRED	REF01	128	Reference Identification Qualifier	М	ID	2/3			
			Code qualifying the Reference Identification						

CODE	DEFINITION
A6	Employee Identification Number
EJ	Patient Account Number
SY	Social Security Number The social security number may not be used for Medicare.

REQUIRED	REF02	127	Reference Identification Loop ID Changed Reference information as defined for a particular Transaction by the Reference Identification Qualifier			1/30 pecified
			INDUSTRY: Dependent Supplemental Identifier			
			syntax: R0203			
NOT USED	REF03	352	Description	X	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	0		

Loop ID Changed

DEPENDENT REQUEST VALIDATION

Loop: 2010DA — DEPENDENT NAME

Usage: SITUATIONAL

Repeat: 9

Notes: 1. Required only if the request is not valid at this level.

Example: AAA*N**67~

STANDARD

AAA Request Validation

Level: Detail Position: 230

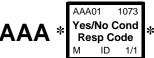
Loop: HL/NM1

Requirement: Optional

Max Use: 9

Purpose: To specify the validity of the request and indicate follow-up action authorized

DIAGRAM









ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES		
REQUIRED	AAA01	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response			ID	1/1		
			INDUSTRY: Valid	ndustry: Valid Request Indicator					
				SEMANTIC: AAA01 designates whether the request is valid or invalid. Code "Y" ndicates that the code is valid; code "N" indicates that the code is invalid.					
			CODE	DEFINITION					
			N	No					
			Υ	Yes					
NOT USED	AAA02	559	Agency Quali	ifier Code	0	ID	2/2		

IMPLEMENTATION G	OUDE			DEPENDENT REQUEST VALIDATION
SITUATIONAL	AAA03	901	Reject Reason Code assigned b	n Code Loop ID Changed O ID 2/2 by issuer to identify reason for rejection
			Required if A	AA01 = "N".
			CODE	DEFINITION
			15	Required application data missing
				Use this code to indicate missing dependent relationship information.
			33	Input Errors
				Use this code to indicate invalid dependent relationship information.
			58	Invalid/Missing Date-of-Birth
			64	Invalid/Missing Patient ID
			65	Invalid/Missing Patient Name
			66	Invalid/Missing Patient Gender Code
			67	Patient Not Found
			68	Duplicate Patient ID Number
			71	Patient Birth Date Does Not Match That for the Patient on the Database
			77	Subscriber Found, Patient Not Found
			95	Patient Not Eligible
SITUATIONAL	AAA04	889	Follow-up Act Code identifying	tion Code O ID 1/1 follow-up actions allowed
				AA03 is present and indicates that the rejection is due nissing dependent or patient data.
			CODE	DEFINITION
			С	Please Correct and Resubmit
			N	Resubmission Not Allowed

Loop ID Changed

DEPENDENT DEMOGRAPHIC INFORMATION

Loop: 2010DA — DEPENDENT NAME

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Use this segment to convey birth date or gender demographic

information about the dependent.

2. Required if the information is available in the UMO's database unless a rejection response was generated and the elements were not valued

on the request.

Example: DMG*D8*19580322*M~

STANDARD

DMG Demographic Information

Level: Detail

Position: 250

Loop: HL/NM1

Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

Syntax: 1. P0102

If either DMG01 or DMG02 is present, then the other is required.

DIAGRAM









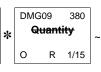












ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUT	ΓES
REQUIRED	DMG01	1250	Date Time Period Format Qualifier	Х	ID	2/3

Code indicating the date format, time format, or date and time format SYNTAX: P0102

CODE DEFINITION

D8 Date Expressed in Format CCYYMMDD

REQUIRED	DMG02	1251	Date Time Pe	Loop ID Chang a date, a time, or range of dates, times o		AN d times	1/35
			INDUSTRY: Dep e	endent Birth Date			
			SYNTAX : P0102				
			SEMANTIC: DMG	02 is the date of birth.			
SITUATIONAL	DMG03	1068	Gender Code Code indicating	e g the sex of the individual	0	ID	1/1
			INDUSTRY: Dep e	endent Gender Code			
			Required if v	alued on the request.			
			CODE	DEFINITION			
			F	Female			
			M	Male			
			U	Unknown			
NOT USED	DMG04	1067	Marital Statu	s Code	0	ID	1/1
NOT USED	DMG05	1109	Race or Ethn	nicity Code	0	ID	1/1
NOT USED	DMG06	1066	Citizenship S	Status Code	0	ID	1/2
NOT USED	DMG07	26	Country Cod	e	0	ID	2/3
NOT USED	DMG08	659	Basis of Veri	fication Code	0	ID	1/2
NOT USED	DMG09	380	Quantity		0	R	1/15

Loop ID Changed

DEPENDENT RELATIONSHIP

Loop: 2010DA — DEPENDENT NAME

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Use this segment to convey information on the relationship of the

dependent to the insured.

2. Required if the information is available in the UMO's database unless a rejection response was generated and the elements were not valued

on the request.

Example: INS*N*19~

STANDARD

INS Insured Benefit

Level: Detail

Position: 260

Loop: HL/NM1

Requirement: Optional

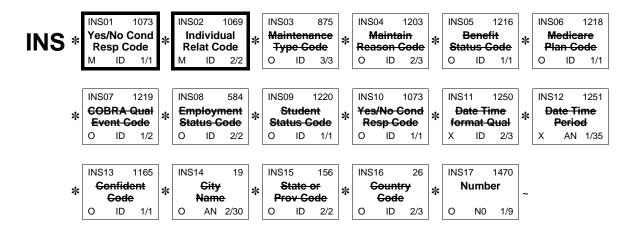
Max Use: 1

Purpose: To provide benefit information on insured entities

Syntax: 1. P1112

If either INS11 or INS12 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

Loop ID Changed

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	JTES
REQUIRED	INS01	1073		lition or Response Code a Yes or No condition or response	M	ID	1/1
			INDUSTRY: Insui	red Indicator			
				1 indicates status of the insured. A "Y" val an "N" value indicates the insured is a de			insured
			CODE	DEFINITION			
			N	No			
REQUIRED	INS02	1069		elationship Code the relationship between two individuals	M or entitie	I D	2/2
			ALIAS: Relation	nship to Insured			
			CODE	DEFINITION			
			01	Spouse			
			04	Grandfather or Grandmother			
			05	Grandson or Granddaughter			
			07	Nephew or Niece			
			09	Adopted Child			
			10	Foster Child			
			15	Ward			
			17	Stepson or Stepdaughter			
			19	Child			
			20	Employee			
			21	Unknown			
			22	Handicapped Dependent			
			23	Sponsored Dependent			
			24	Dependent of a Minor Dependen	nt		
			29	Significant Other			
			32	Mother			
			33	Father			
			34	Other Adult			
			39	Organ Donor			
			40	Cadaver Donor			
			41	Injured Plaintiff			
			43	Child Where Insured Has No Fin	ancial	Respo	nsibility

			53	Life Partner			
			G8	Other Relationship			
NOT USED	INS03	875	Maintenance ⁻	Type Code	0	ID	3/3
NOT USED	INS04	1203	Maintenance l	Reason Code	0	ID	2/3
NOT USED	INS05	1216	Benefit Status	s Code	0	ID	1/1
NOT USED	INS06	1218	Medicare Plan	n Code	0	ID	1/1
NOT USED	INS07	1219	Consolidated Act (COBRA)	Omnibus Budget Reconciliation Qualifying	0	ID	1/2
NOT USED	INS08	584	Employment S	Status Code	0	ID	2/2
NOT USED	INS09	1220	Student Statu	s Code	0	ID	1/1
NOT USED	INS10	1073	Yes/No Condi	tion or Response Code	0	ID	1/1
NOT USED	INS11	1250	Date Time Per	riod Format Qualifier	X	ID	2/3
NOT USED	INS12	1251	Date Time Per	riod	X	AN	1/35
NOT USED	INS13	1165	Confidentiality	y Code	0	ID	1/1
NOT USED	INS14	19	City Name		0	AN	2/30
NOT USED	INS15	156	State or Provi	nce Code	0	ID	2/2
NOT USED	INS16	26	Country Code		0	ID	2/3
SITUATIONAL	INS17	1470	Number A generic numbe	er	0	N0	1/9

INDUSTRY: Birth Sequence Number

SEMANTIC: INS17 is the number assigned to each family member born with the same birth date. This number identifies birth sequence for multiple births allowing proper tracking and response of benefits for each dependent (i.e., twins, triplets, etc.).

This data element is not used unless the dependent is a child from a multiple birth.

ADDITIONAL PATIENT INFORMATION CONTACT NAME

Loop: 2010DB — ADDITIONAL PATIENT INFORMATION CONTACT NAME

Repeat: 1

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Use this NM1 loop to identify the destination location to route the response for the requested additional patient information.

> 2. Information in this loop overrides information supplied in the UMO Name NM1 loop (Loop 2010A).

3. Use this NM1 loop only if a. the response contains a request for additional patient information in loop 2000D

b. the destination for the response to the request for additional patient information differs from the information specified in the UMO Name NM1 loop (Loop 2010A)

- c. the request for additional patient information is not transmitted in another X12 functional group
- 4. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Refer to Section 2.2.5 for more information on this NM1 loop.

Example: NM1*TV*2*ACME THIRD PARTY ADMINISTRATOR~

STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 170

Loop: HL/NM1 Repeat: >1

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

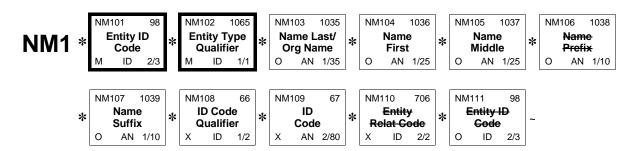
1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.





ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU [*]	res
REQUIRED	NM101	98	Entity Identific Code identifying individual	er Code an organizational entity, a physical location	M , prop	ID erty or a	2/3 an
			CODE	DEFINITION			
			1P	Provider			
			2B	Third-Party Administrator			
			ABG	Organization			
				Use when the destination is an ent those listed.	ity o	ther tha	an
			FA	Facility			
			PR	Payer			
			Х3	Utilization Management Organization	on		
REQUIRED	NM102	1065	Entity Type Q Code qualifying		M	ID	1/1
			SEMANTIC: NM102	2 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
				Use this name only if the destination individual, such as an individual prophysician.			
			2	Non-Person Entity			
SITUATIONAL	NM103	1035		Organization Name me or organizational name	0	AN	1/35
			INDUSTRY: Resp	onse Contact Last or Organization N	ame		
			Required if the	e responder needs to identify the de	stina	ation by	/ name.

SITUATIONAL	NM104	1036	Name First Individual first name	0	AN	1/25
			INDUSTRY: Response Contact First Name			
			Use if NM103 is valued and the destination is a = 1), such as a primary care provider.	n indivi	dual (N	NM102
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial	0	AN	1/25
			INDUSTRY: Response Contact Middle Name			
			Use if NM104 is present and the middle name/in known.	nitial of	the pe	rson is
NOT USED	NM106	1038	Name Prefix	0	AN	1/10
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name	0	AN	1/10
			INDUSTRY: Response Contact Name Suffix			
			Use this for the suffix of an individual's name;	e.g., Sr.	., Jr., o	r III.
SITUATIONAL	NM108	66	Identification Code Qualifier Code designating the system/method of code structure u Code (67)	X sed for I	ID dentifica	1/2 ation
			SYNTAX: P0809			

Required if the responder needs to use an identifier to identify the destination.

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number
46	Electronic Transmitter Identification Number (ETIN)
PI	Payor Identification Use until the National PlanID is mandated if the destination is a payer.
XV	Health Care Financing Administration National PlanID Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.
	Use if the destination is a payer.
	CODE SOURCE 540 : Health Care Financing Administration National PlanID
XX	Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used. Use if the destination is a provider.

SITUATIONAL	NM109	67	Identification Code Code identifying a party or other code	x	AN	2/80
			ındustry: Response Contact Identifier			
			SYNTAX: P0809			
			Required if NM108 is used.			
NOT USED	NM110	706	Entity Relationship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	0	ID	2/3

ADDITIONAL PATIENT INFORMATION CONTACT ADDRESS

Loop: 2010DB — ADDITIONAL PATIENT INFORMATION CONTACT NAME

Usage: SITUATIONAL

Repeat: 1

Notes:

- 1. This segment identifies the office location to route the response to the request for additional patient information.
- 2. Use this segment only if the response to the request for additional patient information must be routed to a specific office location.
- 3. Do not use if the request for additional patient information is in another X12 functional group.

Example: N3*43 SUNRISE BLVD*SUITE 1000~

STANDARD

N3 Address Information

Level: Detail Position: 200

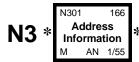
Loop: HL/NM1

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

DIAGRAM





ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES	
REQUIRED	N301	166	Address Information Address information	M	AN	1/55	
			INDUSTRY: Response Contact Address Line				
	U	Use this element for the first line of the requester's address.					
SITUATIONAL	N302	166	Address Information Address information	0	AN	1/55	
			INDUSTRY: Response Contact Address Line				
			Required only if a second address line exists.				

ADDITIONAL PATIENT INFORMATION CONTACT CITY/STATE/ZIP CODE

Loop: 2010DB — ADDITIONAL PATIENT INFORMATION CONTACT NAME

Usage: SITUATIONAL

Repeat: 1

Notes:

- 1. This segment identifies the office location to route the response to the request for additional patient information.
- 2. Use this segment only if the subscriber is the patient and the response to the request for additional patient information must be routed to a specific office location.
- 3. Do not use if the request for additional patient information is in another X12 functional group.

Example: N4*MIAMI*FL*33131**DP*UTILIZATION REVIEW DEPT~

STANDARD

N4 Geographic Location

Level: Detail Position: 210

Loop: HL/NM1

Requirement: Optional

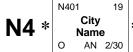
Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: 1. C0605

If N406 is present, then N405 is required.

DIAGRAM

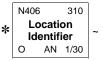












ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	ITES
SITUATIONAL	N401	19	City Name	0	AN	2/30

Free-form text for city name

INDUSTRY: Response Contact City Name

COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.

Use when necessary to provide this data as part of the response contact location identification.

SITUATIONAL	N402 1	156	State or Province Code Code (Standard State/Province) as of	O defined by appropriate gover	ID nment a	2/2 gency
			INDUSTRY: Response Contact Sta	ate or Province Code		
			COMMENT: N402 is required only if city	y name (N401) is in the U.S.	or Cana	da.
			CODE SOURCE 22: States and Outlying	g Areas of the U.S.		
			Use when necessary to provide contact location identification.	•	e respo	nse
SITUATIONAL	N403	116	Postal Code Code defining international postal zo (zip code for United States)	One code excluding punctuat	ID ion and b	3/15 blanks
			INDUSTRY: Response Contact Po	stal Zone or ZIP Code		
			code source 51: ZIP Code			
			Use when necessary to provid contact location identification.	•	e respo	nse
SITUATIONAL	N404)4 26	Country Code Code identifying the country	0	ID	2/3
			INDUSTRY: Response Contact Co	untry Code		
			CODE SOURCE 5: Countries, Currencie	es and Funds		
			Use only if the address is out	of the U.S.		
SITUATIONAL	N405	309	Location Qualifier	x	ID	1/2
			Code identifying type of location			
			syntax: C0605			
			Required if N406 is valued.			
			CODE DEFINITION			
			B1 Branch			
			DP Department			
SITUATIONAL	N406	310	Location Identifier Code which identifies a specific loca	Ottion	AN	1/30
			INDUSTRY: Response Contact Sp	ecific Information		
			SYNTAX: C0605			
			Required if N405 is valued.			
			Value this field if the response information must be directed to		tional	

ADDITIONAL PATIENT INFORMATION CONTACT INFORMATION

Loop: 2010DB — ADDITIONAL PATIENT INFORMATION CONTACT NAME

Usage: SITUATIONAL

Repeat: 1

Notes:

- 1. Required if the provider must direct the response to the request for additional patient information to a specific requester contact, electronic mail, facsimile, or phone number other than the contact provided in the PER segment in the UMO Name loop (Loop 2010A) PER segment of this 278 response.
- 2. Information in this loop overrides information supplied in the UMO Name NM1 loop (Loop 2010A).
- 3. Do not use if the request for additional patient information is in another X12 functional group.
- 4. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.
- 5. By definition of the standard, if PER03 is used, PER04 is required.

Example: PER*IC*MARY*FX*3135554321~

STANDARD

PER Administrative Communications Contact

Level: Detail Position: 220

Loop: HL/NM1 **Requirement:** Optional

Max Use: 3

Purpose: To identify a person or office to whom administrative communications should be

directed

Syntax: 1. P0304

If either PER03 or PER04 is present, then the other is required.

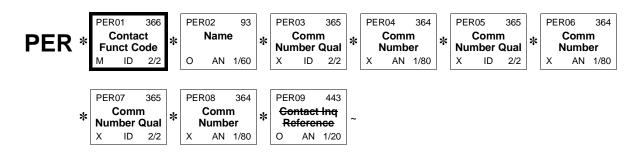
2. P0506

If either PER05 or PER06 is present, then the other is required.

3. P0708

If either PER07 or PER08 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES	
REQUIRED	PER01	366	Contact Func Code identifying	tion Code the major duty or responsibility of the perso	M on or g	ID group na	2/2 amed	
			CODE	DEFINITION				
			IC	Information Contact				
SITUATIONAL	PER02	93	Name Free-form name		0	AN	1/60	
			INDUSTRY: Resp	onse Contact Name				
			Used only wh	en response must be directed to a p	artic	ular co	ntact.	
			Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).					
SITUATIONAL PER03		365		on Number Qualifier the type of communication number	X	ID	2/2	
			SYNTAX: P0304					
				ER02 is not valued and may be used ntact communication number.	if ne	ecessa	ry to	
			CODE	DEFINITION				
			EM	Electronic Mail				
			FX	Facsimile				
			TE	Telephone				
SITUATIONAL	PER04	364	Communicati Complete comm applicable	on Number unications number including country or area	X a code	AN e when	1/80	
			INDUSTRY: Resp	onse Contact Communication Numb	er			
			SYNTAX: P0304					
		_	ER02 is not valued and may be used ntact communication number.	if ne	ecessa	ry to		

172 OCTOBER 2001 • NPRM DRAFT

communication types are available.

0

AN

1/20

Contact Inquiry Reference

NOT USED

PER09

443

HEALTH CARE SERVICES REVIEW

Loop: 2000F — SERVICE LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Use this segment to provide review outcome information and an

associated reference number.

2. Required if the UMO has reviewed the request. If the UMO was unable to review the request due to missing or invalid application data at this level, the UMO must return a 278 response containing a AAA segment at this level.

3. If Loop 2000F is present, either the AAA segment or the HCR segment must be returned.

New Note 4. Added-

4. If the review outcome is pending additional medical information and the 278 response includes a request for additional information using either a PWK segment or an HI segment that specifies LOINC values, then the associated HCR segment must be valued with HCR01 = A4 (pended) and HCR03 = 90 (Requested Information Not Received)

Refer to Section 2.2.5 for more information.

Example: HCR*A1*19950713~

STANDARD

HCR Health Care Services Review

Level: Detail
Position: 050
Loop: HL

Requirement: Optional

Max Use: 1

Purpose: To specify the outcome of a health care services review

DIAGRAM









ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED HCR01 306		306	Action Code Code indicating t	ype of action	M	ID	1/2
			ALIAS: Certificat	tion Action Code			
			A1	Certified in total			
			A3	Not Certified			
			A4	Pended			
			A6	Modified			
			CT	Contact Payer			
			NA	No Action Required	inad.		
				Use only if certification is not requ	irea.		
SITUATIONAL	HCR02	HCR02 127		ntification nation as defined for a particular Transactio e Identification Qualifier	O n Set	AN or as sp	1/30 pecified
			INDUSTRY: Certifi	ication Number			
			SEMANTIC: HCR02 outcome.	2 is the number assigned by the information	sour	ce to thi	s review
		Required if HO	CR01 = A1 or A6.				
SITUATIONAL	HCR03	CR03 901	Reject Reasor Code assigned b	n Code y issuer to identify reason for rejection	0	ID	2/2
			-	CR01 = A3 or A4. Use to indicate the ssigned in HCR01.	prim	ary re	ason
			CODE	DEFINITION			
			35	Out of Network			
			36	Testing not Included			
			37	Request Forwarded To and Decision Forthcoming From an External Rev		•	
			41	Authorization/Access Restrictions			
				Use to indicate that the service rec PCP authorization.	quest	ed req	uires
			53	Inquired Benefit Inconsistent with	Prov	ider Ty	/pe
			69	Inconsistent with Patient's Age			
			70	Inconsistent with Patient's Gender			
			82	Not Medically Necessary			
			83	Level of Care Not Appropriate			
			84	Certification Not Required for this	Serv	ice	

		85	Certification Responsibility of External Review Organization
		86	Primary Care Service
		87	Exceeds Plan Maximums
		88	Non-covered Service Use for services not covered by the patient's plan such as Worker's Compensation or Auto Accident.
		89	No Prior Approval
New Note Added —		90	Requested Information Not Received Use with HCR01 = A4 to indicate that the review outcome is pending additional medical necessity information.
		91	Duplicate Request
		92	Service Inconsistent with Diagnosis
		96	Pre-existing Condition
		98	Experimental Service or Procedure
		E8	Requires Medical Review
			Use to indicate that a review by medical personnel is necessary.
SITUATIONAL	R04 1073		tion or Response Code O ID 1/1

Code indicating a Yes or No condition or response

INDUSTRY: Second Surgical Opinion Indicator

SEMANTIC: HCR04 is the second surgical opinion indicator. A "Y" value indicates a second surgical opinion is required; an "N" value indicates a second surgical opinion is not required for this request.

Use when certification pertains to a surgical procedure and the contract under which the patient is covered has provisions regarding a second surgical opinion.

	CODE	DEFINITION
N		No
Υ		Yes

PROCEDURES

Loop: 2000F — SERVICE LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Use this segment for specific services and procedures.

2. Required if the UMO authorizes specific procedure codes.

New Note 3. Added —

3. The UMO can use each occurrence of the Health Care Code Information composite (C022) to specify codes that identify the specific information that the UMO requires from the provider to complete the medical review. In the C022 composite, data elements 1270 and 1271 support the use of codes supplied from the Logical Observation Identifier Names and Codes (LOINC™) List. These codes identify high-level health care information groupings, specific data elements, and associated modifiers.

This code set is not allowed for use under HIPAA at the time of this writing. Refer to Section 2.2.5 of this guide for more information on requesting additional information.

Example: HI*BO:490000:D8:19980121::1~

STANDARD

HI Health Care Information Codes

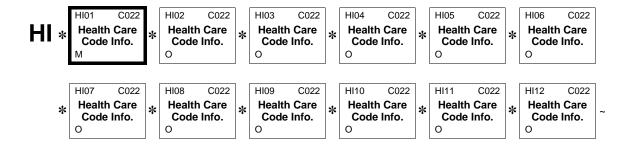
Level: Detail
Position: 080
Loop: HL

Requirement: Optional

Max Use: 1

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES
REQUIRED	HI01	C022	_	E CODE INFORMATION Mare codes and their associated dates, amounts	and quantities
			ALIAS: Procedu	re Code 1	
REQUIRED	HI01 - 1			List Qualifier Code dentifying a specific industry code list	ID 1/3
			CODE	DEFINITION	
		/	ABR	Assigned by Receiver	
				Use ABR for Revenue Codes in Code National Uniform Billing Committee (N	
			ВО	Health Care Financing Administration Procedural Coding System	Common
	/	/		Because the AMA's CPT codes are als HCPCS codes, they are reported under	
New Code Added				CODE SOURCE 130: Health Care Financing Adn Common Procedural Coding System	ninistration
			BQ	International Classification of Disease Modification (ICD-9-CM) Procedure	es Clinical
				CODE SOURCE 131: International Classification Clinical Mod (ICD-9-CM) Procedure	of Diseases
			JP	National Standard Tooth Numbering S	System
				CODE SOURCE 135: American Dental Association	on Codes
		`	LOI	Logical Observation Identifier Names (LOINC) Codes	and Codes
				See Section 2.2.5 for information on u request additional information.	sing LOINC to
				CODE SOURCE 663: Logical Observation Identification (LOINC)	er Names and
			NDC	National Drug Code (NDC)	
				CODE SOURCE 134: National Drug Code CODE SOURCE 240: National Drug Code by For	mat
			ZZ	Mutually Defined	
				Use ZZ for Code Source 513: Home In Coalition (HIEC) Product / Service Co	
New Note A	Added —			- This code set is not allowed for use u the time of this writing. The qualifier of used 1) If a new rule names HIEC as a code set under HIPAA. 2) For Property claims/encounters that are not covere HIPAA.	an only be n allowable y & Casualty

REQUIRED	HI01 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
			INDUSTRY: Procedure Code
			Procedure Code identifying the service.
SITUATIONAL	HI01 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			Required if X12N syntax conditions apply.
		C	ODE DEFINITION
		D8	Date Expressed in Format CCYYMMDD
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
SITUATIONAL	HI01 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
			INDUSTRY: Procedure Date
			Required if proposed or actual procedure date is known.
SITUATIONAL	HI01 - 5	782	Monetary Amount O R 1/18 Monetary amount
Usage Changed Industry Name Added Note Added		_ INDUSTRY: Procedure Monetary Amount	
		Use if the UMO has approved the health care service with monetary limitations.	
SITUATIONAL HI01 - 6	380	Quantity O R 1/15 Numeric value of quantity	
			INDUSTRY: Procedure Quantity
			Required if requesting authorization for more than one occurrence of the procedure identified in HI01-2 for the same time period.
SITUATIONAL	HI01 - 7	799	Version Identifier O AN 1/30 Revision level of a particular format, program, technique or algorithm
			INDUSTRY: Version, Release, or Industry Identifier
			Required if the code list referenced in HI01-1 has a version identifier. Otherwise Not Used.
SITUATIONAL	HI02 C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amounts and quantities
		ALIAS: P	Procedure Code 2
		Use th	is for the second procedure.
REQUIRED	HI02 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
		C	ODE DEFINITION
New Code A	Added ———	ABR	Assigned by Receiver
			Use ABR for Revenue Codes in Code Source 132:
			National Uniform Billing Committee (NUBC) codes.

	ВО	Health Care Financing Administration Common Procedural Coding System
		Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.
		CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
		CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
	JP	National Standard Tooth Numbering System
		CODE SOURCE 135: American Dental Association Codes
New Code Added —	LOI	Logical Observation Identifier Names and Codes (LOINC) Codes
		See Section 2.2.5 for information on using LOINC to request additional information.
		CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)
	NDC	National Drug Code (NDC)
		CODE SOURCE 134: National Drug Code CODE SOURCE 240: National Drug Code by Format
	ZZ	Mutually Defined
		Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.
New Note Added		This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.
REQUIRED HI02 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list INDUSTRY: Procedure Code
	4050	
SITUATIONAL HI02 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
		Required if X12N syntax conditions apply.
	C	ODE DEFINITION
	D8	Date Expressed in Format CCYYMMDD
	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
SITUATIONAL HI02 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
		INDUSTRY: Procedure Date
		Required if proposed or actual procedure date is known.

SITUATIONAL	HI02 - 5 *Usage Changed	782	Monetary Amount O R 1/18 Monetary amount
	Industry Name Add		— INDUSTRY: Procedure Monetary Amount
	Note Added———		Use if the UMO has approved the health care service with monetary limitations.
SITUATIONAL	SITUATIONAL HI02 - 6	380	Quantity O R 1/15 Numeric value of quantity
			INDUSTRY: Procedure Quantity
			Required if requesting authorization for more than one occurrence of the procedure identified in HI02-2 for the same time period.
SITUATIONAL	HI02 - 7	799	Version Identifier O AN 1/30 Revision level of a particular format, program, technique or algorithm
			INDUSTRY: Version, Release, or Industry Identifier
			Required if the code list referenced in HI02-1 has a version identifier. Otherwise Not Used.
SITUATIONAL	HI03 C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amounts and quantities
		ALIAS:	Procedure Code 3
		Use th	his for the third procedure.
REQUIRED	HI03 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			CODE DEFINITION
		/ABR	Assigned by Receiver
	/		Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.
		ВО	Health Care Financing Administration Common Procedural Coding System
			Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.
			CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
New Code	Added	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
			CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
		JP	National Standard Tooth Numbering System
		\	CODE SOURCE 135: American Dental Association Codes
		LOI	Logical Observation Identifier Names and Codes (LOINC) Codes
			See Section 2.2.5 for information on using LOINC to request additional information.
			CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)

		NDC	National Drug Code (NDC)
			code source 134: National Drug Code code source 240: National Drug Code by Format
		ZZ	Mutually Defined
			Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.
New Note Added—			This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.
REQUIRED HI03 -	. 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
			INDUSTRY: Procedure Code
SITUATIONAL HI03 -	· 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			Required if X12N syntax conditions apply.
		c	CODE DEFINITION
		D8	Date Expressed in Format CCYYMMDD
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
SITUATIONAL HI03	. 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
			INDUSTRY: Procedure Date
			Required if proposed or actual procedure date is known.
SITUATIONAL HI03 -	_	782	Monetary Amount O R 1/18 Monetary amount
Industry	Name Added		— INDUSTRY: Procedure Monetary Amount
Note Ad	ded ———		Use if the UMO has approved the health care service with monetary limitations.
SITUATIONAL HI03 -	6	380	Quantity O R 1/15 Numeric value of quantity
			INDUSTRY: Procedure Quantity
			Required if requesting authorization for more than one occurrence of the procedure identified in HI03-2 for the same time period.
SITUATIONAL HI03 -	. 7	799	Version Identifier O AN 1/30 Revision level of a particular format, program, technique or algorithm
			INDUSTRY: Version, Release, or Industry Identifier
			Required if the code list referenced in HI03-1 has a version identifier. Otherwise Not Used.

SITUATIONAL	HI04	C022		-	E CODE INFORMATION are codes and their associated dates, a	O mounts a	and qua	ntities		
			ALIAS: Procedure Code 4							
				nis for th	e fourth procedure.					
REQUIRED	HI04 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3		
		С	ODE	DEFINITION						
New Code Added	/ ABR		Assigned by Receiver							
			Use ABR for Revenue Codes in National Uniform Billing Commi							
	во		Health Care Financing Administ Procedural Coding System	ration (Comm	on				
			Because the AMA's CPT codes HCPCS codes, they are reported			1				
	/			CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System						
		BQ		International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure						
				Code source 131: International Classif Clinical Mod (ICD-9-CM) Procedure	ication of	Diseas	es			
	JP		National Standard Tooth Number	•						
					code source 135: American Dental As					
			LOI		Logical Observation Identifier N (LOINC) Codes	ames a	nd Co	des		
					See Section 2.2.5 for informatio request additional information.	n on us	ing LC	INC to		
					CODE SOURCE 663: Logical Observation Codes (LOINC)	Identifie	r Name:	s and		
			NDC		National Drug Code (NDC)					
					CODE SOURCE 134: National Drug Code CODE SOURCE 240: National Drug Code		at			
			ZZ		Mutually Defined					
					Use ZZ for Code Source 513: Ho Coalition (HIEC) Product / Servi			ΕDI		
New Note Ad	dded ——				This code set is not allowed for	use un	der HII	PAA at		
NOW HOLD AN					the time of this writing. The qua used 1) If a new rule names HIE code set under HIPAA. 2) For Pi claims/encounters that are not of HIPAA.	lifier ca C as an operty	n only allowa & Cas	be able ualty		
REQUIRED	HI04 - 2		1271		ry Code dicating a code from a specific industry	M code list	AN	1/30		
					y Procedure Code					

INDUSTRY: Procedure Code

SITUATIONAL HI04 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format						
			Required if X12N syntax conditions apply.					
		c	CODE DEFINITION					
		D8	Date Expressed in Format CCYYMMDD					
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD					
SITUATIONAL	SITUATIONAL HI04 - 4		Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times					
		INDUSTRY: Procedure Date						
			Required if proposed or actual procedure date is known.					
SITUATIONAL	HI04 - 5 Usage Changed	782	Monetary Amount O R 1/18 Monetary amount					
Industry Name Added Note Added ————	ed 	- INDUSTRY: Procedure Monetary Amount						
		Use if the UMO has approved the health care service with monetary limitations.						
SITUATIONAL	HI04 - 6	380	Quantity O R 1/15 Numeric value of quantity					
			INDUSTRY: Procedure Quantity					
		Required if requesting authorization for more than one occurrence of the procedure identified in HI04-2 for the same time period.						
SITUATIONAL	HI04 - 7	799	Version Identifier O AN 1/30 Revision level of a particular format, program, technique or algorithm					
			INDUSTRY: Version, Release, or Industry Identifier					
			Required if the code list referenced in HI04-1 has a version identifier. Otherwise Not Used.					
SITUATIONAL	HI05 C022		HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities					
		ALIAS: F	ALIAS: Procedure Code 5					
		Use th	Use this for the fifth procedure.					
REQUIRED	HI05 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list					
			CODE DEFINITION					
New Cod	e Added ———	ABR	Assigned by Receiver					
			Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.					
		ВО	Health Care Financing Administration Common Procedural Coding System					
			Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.					
			CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System					

	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
		CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
	JP	National Standard Tooth Numbering System
		CODE SOURCE 135: American Dental Association Codes
New Code Added ————	LOI	Logical Observation Identifier Names and Codes (LOINC) Codes
		See Section 2.2.5 for information on using LOINC to request additional information.
		code source 663: Logical Observation Identifier Names and Codes (LOINC)
	NDC	National Drug Code (NDC)
		CODE SOURCE 134: National Drug Code CODE SOURCE 240: National Drug Code by Format
	ZZ	Mutually Defined
		Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.
New Note Added		This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.
REQUIRED HI05 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
		INDUSTRY: Procedure Code
SITUATIONAL HI05 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
		Required if X12N syntax conditions apply.
	cc	DE DEFINITION
	D8	Date Expressed in Format CCYYMMDD
		·
	RD8	Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
SITUATIONAL HI05 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
		INDUSTRY: Procedure Date
		Required if proposed or actual procedure date is known.
SITUATIONAL HI05 - 5	782	Monetary Amount O R 1/18 Monetary amount
Usage Changed		INDUSTRY: Procedure Monetary Amount
Industry Name Added Note Added ————		Use if the UMO has approved the health care service with monetary limitations.

IMPLEMENTATION GUIDE		PROCEDURE
SITUATIONAL HI05 - 6	380	Quantity O R 1/15 Numeric value of quantity
		INDUSTRY: Procedure Quantity
		Required if requesting authorization for more than one occurrence of the procedure identified in HI05-2 for the same time period.
SITUATIONAL HI05 - 7	799	Version Identifier O AN 1/30 Revision level of a particular format, program, technique or algorithm
		INDUSTRY: Version, Release, or Industry Identifier
		Required if the code list referenced in HI05-1 has a version identifier. Otherwise Not Used.
SITUATIONAL HI06 CO		TH CARE CODE INFORMATION O d health care codes and their associated dates, amounts and quantities
	ALIAS: F	Procedure Code 6
	Use th	his for the sixth procedure.
REQUIRED HI06 - 1	1270	Code List Qualifier Code M ID 1/3
		Code identifying a specific industry code list
		CODE DEFINITION
	/ ABR	Assigned by Receiver
		Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.
/	ВО	Health Care Financing Administration Common Procedural Coding System
		Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.
		CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
New Code Added	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
		CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
	JP	National Standard Tooth Numbering System
		CODE SOURCE 135: American Dental Association Codes
	LOI	Logical Observation Identifier Names and Codes (LOINC) Codes
		See Section 2.2.5 for information on using LOINC to request additional information.
		CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)
	NDC	National Drug Code (NDC)
		code source 134: National Drug Code code source 240: National Drug Code by Format

New Note Added		ZZ	Mutually Defined Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List. This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.				
REQUIRED HIG	06 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list INDUSTRY: Procedure Code				
SITUATIONAL HIG	ATIONAL HI06 - 3		Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format Required if X12N syntax conditions apply.				
		D8	Date Expressed in Format CCYYMMDD				
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
SITUATIONAL HIG	06 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times INDUSTRY: Procedure Date Required if proposed or actual procedure date is known.				
Usa ₍ Indu	06 - 5 ge Changed stry Name Added Added	782	Monetary Amount Monetary amount - INDUSTRY: Procedure Monetary Amount Use if the UMO has approved the health care service with monetary limitations.				
SITUATIONAL HIG	06 - 6	380	Quantity Numeric value of quantity NOUSTRY: Procedure Quantity Required if requesting authorization for more than one occurrence of the procedure identified in HI06-2 for the same time period.				
SITUATIONAL HIG	06 - 7	799	Version Identifier Revision level of a particular format, program, technique or algorithm NDUSTRY: Version, Release, or Industry Identifier Required if the code list referenced in HI06-1 has a version identifier. Otherwise Not Used.				
SITUATIONAL HIG	07 C022	To send	TH CARE CODE INFORMATION If health care codes and their associated dates, amounts and quantities Procedure Code 7				
		Use this for the seventh procedure.					

REQUIRED HI07 - 1	1270	Code List Qualifier Code Code identifying a specific industry code list M ID 1/3
	С	DDE DEFINITION
	ABR	Assigned by Receiver
		Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.
	ВО	Health Care Financing Administration Common Procedural Coding System
		Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.
		CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
New Code Added	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
		CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
	JP	National Standard Tooth Numbering System
		CODE SOURCE 135: American Dental Association Codes
	LOI	Logical Observation Identifier Names and Codes (LOINC) Codes
		See Section 2.2.5 for information on using LOINC to request additional information.
		CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)
	NDC	National Drug Code (NDC)
		CODE SOURCE 134: National Drug Code CODE SOURCE 240: National Drug Code by Format
	ZZ	Mutually Defined
		Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.
New Note Added		This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.
REQUIRED HI07 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
		INDUSTRY: Procedure Code
SITUATIONAL HI07 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
		Required if X12N syntax conditions apply.
	C	DDE DEFINITION
	D8	Date Expressed in Format CCYYMMDD

	RD8		Range of Dates Expressed in Form CCYYMMDD	at C	CYYMI	MDD-		
SITUATIONAL HI07 - 4	1251		me Period on of a date, a time, or range of dates, time	X es or	AN dates a	1/35 nd times		
		INDUSTRY	: Procedure Date					
		Require	ed if proposed or actual procedure of	date	is kno	wn.		
SITUATIONAL HI07 - 5 Usage Changed	782		ry Amount y amount	0	R	1/18		
Industry Name Added		INDUSTRY	Procedure Monetary Amount					
Note Added ————			Use if the UMO has approved the health care service with monetary limitations.					
SITUATIONAL HI07 - 6	380	Quantit Numeric	y value of quantity	0	R	1/15		
		INDUSTRY	Procedure Quantity					
		occurre	ed if requesting authorization for mo ence of the procedure identified in F me period.					
SITUATIONAL HI07 - 7	799		ldentifier level of a particular format, program, techr	O nique	AN or algor	1/30 rithm		
		INDUSTRY	: Version, Release, or Industry Ident	ifier				
		_	ed if the code list referenced in HI07 er. Otherwise Not Used.	'-1 ha	as a ve	ersion		
SITUATIONAL HI08 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities							
	ALIAS: P	ALIAS: Procedure Code 8						
	Use this for the eighth procedure.							
REQUIRED HI08 - 1	1270		ist Qualifier Code ntifying a specific industry code list	M	ID	1/3		
		ODE	DEFINITION					
New Code Added ————	ABR		Assigned by Receiver					
			Use ABR for Revenue Codes in Co National Uniform Billing Committee			-		
	ВО		Health Care Financing Administrati Procedural Coding System	on C	ommo	on		
			Because the AMA's CPT codes are HCPCS codes, they are reported ur			1		
				nder	BO.			
	BQ		HCPCS codes, they are reported ur CODE SOURCE 130: Health Care Financing A	nder Admir	BO.	1		
	BQ		HCPCS codes, they are reported ur CODE SOURCE 130: Health Care Financing A Common Procedural Coding System International Classification of Disea	nder Admir	BO. istration	n al		
	BQ JP		HCPCS codes, they are reported ur CODE SOURCE 130: Health Care Financing A Common Procedural Coding System International Classification of Disea Modification (ICD-9-CM) Procedure CODE SOURCE 131: International Classificati	Admir Ases on of	BO. istration Clinic Disease	n al		

New Code /	Added ————	- LOI	Logical Observation Identifier Names and Codes (LOINC) Codes
			See Section 2.2.5 for information on using LOINC to request additional information.
			CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)
		NDC	National Drug Code (NDC)
			code source 134: National Drug Code code source 240: National Drug Code by Format
		ZZ	Mutually Defined
			Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.
New Note Adde	ed ————		This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.
REQUIRED	HI08 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
			INDUSTRY: Procedure Code
SITUATIONAL	HI08 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			Required if X12N syntax conditions apply.
			CODE DEFINITION
		D8	Date Expressed in Format CCYYMMDD
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
SITUATIONAL	HI08 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
			INDUSTRY: Procedure Date
			Required if proposed or actual procedure date is known.
SITUATIONAL	HI08 - 5	782	Monetary Amount O R 1/18 Monetary amount
	Usage Changed		INDUSTRY: Procedure Monetary Amount
	Note Added —	ed	Use if the UMO has approved the health care service with monetary limitations.
SITUATIONAL	HI08 - 6	380	Quantity O R 1/15 Numeric value of quantity
			INDUSTRY: Procedure Quantity
			Required if requesting authorization for more than one occurrence of the procedure identified in HI08-2 for the same time period.

I KOCEDOKES			IMI ELIMENTATION COIDE
SITUATIONAL HI08	3 - 7	799	Version Identifier O AN 1/30 Revision level of a particular format, program, technique or algorithm
			INDUSTRY: Version, Release, or Industry Identifier
			Required if the code list referenced in HI08-1 has a version identifier. Otherwise Not Used.
SITUATIONAL HI09	C022		TH CARE CODE INFORMATION Ond health care codes and their associated dates, amounts and quantities
		ALIAS: F	Procedure Code 9
		llea th	his for the ninth procedure.
DEC.			•
REQUIRED HI09) - 1	1270	Code List Qualifier Code Code identifying a specific industry code list M ID 1/3
			CODE <u>DEFINITION</u>
		/ ABR	Assigned by Receiver
New Code Added		Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.	
	ВО	Health Care Financing Administration Common Procedural Coding System	
		Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under BO.	
		CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System	
		BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
			CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
		JP	National Standard Tooth Numbering System
			CODE SOURCE 135: American Dental Association Codes
		LOI	Logical Observation Identifier Names and Codes (LOINC) Codes
			See Section 2.2.5 for information on using LOINC to request additional information.
			CODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)
		NDC	National Drug Code (NDC)
			CODE SOURCE 134: National Drug Code CODE SOURCE 240: National Drug Code by Format
		ZZ	Mutually Defined
			Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.
New Note Added			This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty
			claims/encounters that are not covered under HIPAA.

REQUIRED	HI09 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list					
			INDUSTRY: Procedure Code					
SITUATIONAL	SITUATIONAL HI09 - 3		Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format					
			Required if X12N syntax conditions apply.					
		C	ODE DEFINITION					
		D8	Date Expressed in Format CCYYMMDD					
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD					
SITUATIONAL	HI09 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times					
			INDUSTRY: Procedure Date					
			Required if proposed or actual procedure date is known.					
SITUATIONAL	HI09 - 5 Usage Changed	782	Monetary Amount O R 1/18 Monetary amount					
	Industry Name Added		- INDUSTRY: Procedure Monetary Amount					
	Note Added ————		Use if the UMO has approved the health care service with monetary limitations.					
SITUATIONAL	HI09 - 6	380	Quantity O R 1/15 Numeric value of quantity					
			INDUSTRY: Procedure Quantity					
			Required if requesting authorization for more than one occurrence of the procedure identified in HI09-2 for the same time period.					
SITUATIONAL	HI09 - 7	799	Version Identifier O AN 1/30 Revision level of a particular format, program, technique or algorithm					
			INDUSTRY: Version, Release, or Industry Identifier					
			Required if the code list referenced in HI09-1 has a version identifier. Otherwise Not Used.					
SITUATIONAL	HI10 C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amounts and quantities					
		ALIAS: F	Procedure Code 10					
		Use th	nis for the tenth procedure.					
REQUIRED	HI10 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list					
			ODE DEFINITION					
New Code	e Added ————	ABR	Assigned by Receiver					
			Use ABR for Revenue Codes in Code Source 132: National Uniform Billing Committee (NUBC) codes.					
			National Official Billing Confidence (NOBC) codes.					

			Health Care Financing Administration Common Procedural Coding System				
			ecause the AMA's CPT codes are also level 1 CPCS codes, they are reported under BO.				
			DE SOURCE 130: Health Care Financing Administration mmon Procedural Coding System				
	BQ		International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure				
			DE SOURCE 131: International Classification of Diseases nical Mod (ICD-9-CM) Procedure				
	JP	Na	ational Standard Tooth Numbering System				
		COI	DE SOURCE 135: American Dental Association Codes				
New Code Added —————	-LOI		gical Observation Identifier Names and Codes OINC) Codes				
			ee Section 2.2.5 for information on using LOINC to quest additional information.				
			ODE SOURCE 663: Logical Observation Identifier Names and Codes (LOINC)				
	NDC	Na	National Drug Code (NDC)				
			CODE SOURCE 134: National Drug Code CODE SOURCE 240: National Drug Code by Format				
	ZZ	Mι	Mutually Defined				
			Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.				
New Note Added		the us co cla	is code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be sed 1) If a new rule names HIEC as an allowable set under HIPAA. 2) For Property & Casualty aims/encounters that are not covered under PAA.				
REQUIRED HI10 - 2	1271	Industry C Code indica	Code M AN 1/30 ting a code from a specific industry code list				
		INDUSTRY: PI	rocedure Code				
SITUATIONAL HI10 - 3	1250		Period Format Qualifier X ID 2/3 ting the date format, time format, or date and time format				
		Required i	ired if X12N syntax conditions apply.				
	C	DE DEF	FINITION				
	D8		Date Expressed in Format CCYYMMDD				
	RD8		ange of Dates Expressed in Format CCYYMMDD-CYYMMDD				
SITUATIONAL HI10 - 4	1251	Date Time Expression	Period X AN 1/35 of a date, a time, or range of dates, times or dates and times				
		INDUSTRY: PI	rocedure Date				
		Required	equired if proposed or actual procedure date is known.				

SITUATIONAL HI10 - 5 Usage Changed	782	Monetary Amount Monetary amount	0	R	1/18
Industry Name Add	ed	- INDUSTRY: Procedure Monetary Amount	!		
Note Added———		Use if the UMO has approved the heamonetary limitations.	ilth care s	ervice	with
SITUATIONAL HI10 - 6	380	Quantity Numeric value of quantity	0	R	1/15
		INDUSTRY: Procedure Quantity			
		Required if requesting authorization occurrence of the procedure identifies same time period.			
SITUATIONAL HI10 - 7	799	Version Identifier Revision level of a particular format, program	O n, technique	AN or algo	1/30 orithm
		INDUSTRY: Version, Release, or Industry	' Identifie	r	
		Required if the code list referenced in identifier. Otherwise Not Used.	n HI10-1 h	as a v	ersion
SITUATIONAL HI11 C022		TH CARE CODE INFORMATION It health care codes and their associated dates	O , amounts a	and qua	ntities
	ALIAS:	Procedure Code 11			
	Use tl	is for the eleventh procedure.			
REQUIRED HI11 - 1	1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
	C	ODE DEFINITION			
	ABR	Assigned by Receiver			
		Use ABR for Revenue Codes National Uniform Billing Com			
	ВО	Health Care Financing Admin Procedural Coding System	istration (Comm	on
		Because the AMA's CPT code HCPCS codes, they are repor			1
New Code Added		CODE SOURCE 130: Health Care Fina Common Procedural Coding System		nistratio	n
	BQ	International Classification of Modification (ICD-9-CM) Proc		s Clinic	cal
		CODE SOURCE 131: International Class Clinical Mod (ICD-9-CM) Procedure		f Diseas	ses
	JP	National Standard Tooth Num	bering Sy	ystem	
	\	code source 135: American Dental	Association	Codes	
	LOI	Logical Observation Identified (LOINC) Codes	· Names a	ınd Co	des
		See Section 2.2.5 for information request additional information		ing LC	OINC to
		code source 663: Logical Observat Codes (LOINC)	ion Identifie	r Name	s and

	NDC	National Drug Code (NDC)					
		CODE SOURCE 134: National Drug Code CODE SOURCE 240: National Drug Code by Format					
	ZZ	Mutually Defined					
		Use ZZ for Code Source 513: Home Infusion EDI Coalition (HIEC) Product / Service Code List.					
New Note Added		This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.					
REQUIRED HI11 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list					
		INDUSTRY: Procedure Code					
SITUATIONAL HI11 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format					
		Required if X12N syntax conditions apply.					
	c	ODE DEFINITION					
	D8	Date Expressed in Format CCYYMMDD					
	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD					
SITUATIONAL HI11 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times					
		INDUSTRY: Procedure Date					
		Required if proposed or actual procedure date is known.					
SITUATIONAL HI11 - 5 Usage Changed	782	Monetary Amount O R 1/18 Monetary amount					
Industry Name Add	ded ——	- INDUSTRY: Procedure Monetary Amount					
Note Added ———		Use if the UMO has approved the health care service with monetary limitations.					
SITUATIONAL HI11 - 6	380	Quantity O R 1/15 Numeric value of quantity					
		INDUSTRY: Procedure Quantity					
		Required if requesting authorization for more than one occurrence of the procedure identified in HI11-2 for the same time period.					
SITUATIONAL HI11 - 7	799	Version Identifier O AN 1/30 Revision level of a particular format, program, technique or algorithm					
		INDUSTRY: Version, Release, or Industry Identifier					
		Required if the code list referenced in HI11-1 has a version identifier. Otherwise Not Used.					

SITUATIONAL HI12	2 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities						
		ALIAS: F	Procedure	e Code 12				
		Use th	nis for the	e twelfth procedure.				
REQUIRED HI12	2 - 1	1270		ist Qualifier Code entifying a specific industry code list	M	ID	1/3	
		c	ODE	DEFINITION				
		ABR		Assigned by Receiver				
				Use ABR for Revenue Codes in C National Uniform Billing Committe				
		во		Health Care Financing Administra Procedural Coding System	tion (Comm	on	
				Because the AMA's CPT codes an HCPCS codes, they are reported			1	
Now Code Adde	4	CODE SOURCE 130: Health Care Financing Administ Common Procedural Coding System				nistratio	istration	
New Code Added		BQ		International Classification of Dis Modification (ICD-9-CM) Procedur		Clinic	al	
				CODE SOURCE 131: International Classifica Clinical Mod (ICD-9-CM) Procedure	ation of	Diseas	ses	
		JP		National Standard Tooth Number	ng Sy	stem		
				CODE SOURCE 135: American Dental Asso	ciation	Codes		
	`	LOI		Logical Observation Identifier Nat (LOINC) Codes	nes a	nd Co	des	
				See Section 2.2.5 for information request additional information.	on us	ing LC	OINC to	
				CODE SOURCE 663: Logical Observation Ic Codes (LOINC)	lentifie	r Name:	s and	
		NDC		National Drug Code (NDC)				
				CODE SOURCE 134: National Drug Code CODE SOURCE 240: National Drug Code b	y Form	at		
		ZZ		Mutually Defined				
				Use ZZ for Code Source 513: Hon Coalition (HIEC) Product / Service			EDI	
New Note Added				This code set is not allowed for u the time of this writing. The qualif used 1) If a new rule names HIEC code set under HIPAA. 2) For Pro claims/encounters that are not co HIPAA.	ier ca as an perty	n only allowa & Cas	be able ualty	
REQUIRED HI12	2 - 2	1271	Industry Code ind	y Code dicating a code from a specific industry co	M ode list	AN	1/30	
				Dua and was Conta				

INDUSTRY: Procedure Code

SITUATIONAL	TUATIONAL HI12 - 3		Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			Required if X12N syntax conditions apply.
			ODE DEFINITION
		D8	Date Expressed in Format CCYYMMDD
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
SITUATIONAL	HI12 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
			INDUSTRY: Procedure Date
			Required if proposed or actual procedure date is known.
SITUATIONAL	HI12 - 5 Usage Changed	782	Monetary Amount O R 1/18 Monetary amount
Industry Name Added	d	— INDUSTRY: Procedure Monetary Amount	
	Note Added —		Use if the UMO has approved the health care service with monetary limitations.
SITUATIONAL	HI12 - 6	380	Quantity O R 1/15 Numeric value of quantity
			INDUSTRY: Procedure Quantity
			Required if requesting authorization for more than one occurrence of the procedure identified in HI12-2 for the same time period.
SITUATIONAL	HI12 - 7	799	Version Identifier O AN 1/30 Revision level of a particular format, program, technique or algorithm
			INDUSTRY: Version, Release, or Industry Identifier
			Required if the code list referenced in HI12-1 has a version identifier. Otherwise Not Used.

ADDITIONAL SERVICE INFORMATION

Loop: 2000F — SERVICE LEVEL

Usage: SITUATIONAL

Repeat: 10

Notes:

- 1. The UMO can use this PWK segment on the response to request additional information that applies to the service(s) requested in this Service loop. If the UMO has pended the decision on this health care services review request (HCR01 = A4) because additional medical necessity information is required (HCR03 = 90), the UMO can use this segment to identify the type of documentation needed such as forms that the provider must complete. The UMO can also indicate what medium it has used to send these forms.
- 2. Additional information requested at the Service level should apply to a specific service and/or all the services requested in this service loop.
- 3. This PWK segment is required to identify requests for specific data that are sent electronically (PWK02 = EL) but are transmitted in another X12 functional group rather than by paper or using LOINC in the HI segments of the response. PWK06 is used to identify the attached electronic questionnaire. The number in PWK06 should be referenced in the corresponding electronic attachment.
- 4. This PWK segment should not be used if a. the requester should have provided the information within the 278 request (ST-SE) but failed to do so. In this case the UMO should use the AAA segments in the 278 response to indicate the data that is missing or invalid.

b. the 278 request (ST-SE) does not support this information and the needed information pertains to all the services requested and not to a specific service. Use the PWK segment at the Patient level (Loop 2000C or Loop 2000D) if requesting medical necessity information that applies to all the services requested

Refer to Section 2.2.5 for more information on using this segment.

Example: PWK*OB*BM***AC*DMN0012~

STANDARD

PWK Paperwork

Level: Detail

Position: 155

Loop: HL

Requirement: Optional

Max Use: >1

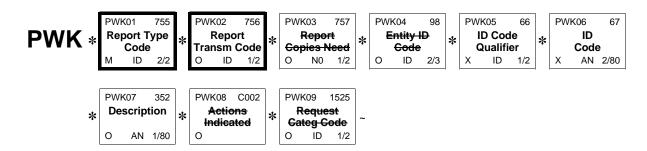
Purpose: To identify the type or transmission or both of paperwork or supporting

information

Syntax: 1. P0506

If either PWK05 or PWK06 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES
REQUIRED PWK01		755	Report Type C Code indicating t	Code the title or contents of a document, report or	M ID 2/2 supporting item
			INDUSTRY: Attacl	hment Report Type Code	
			CODE	DEFINITION	
			03	Report Justifying Treatment Beyon Guidelines	d Utilization
			04	Drugs Administered	
			05	Treatment Diagnosis	
			06	Initial Assessment	
			07	Functional Goals	
				Expected outcomes of rehabilitative	e services.
			08	Plan of Treatment	
			09	Progress Report	
			10	Continued Treatment	
			11	Chemical Analysis	
			13	Certified Test Report	
			15	Justification for Admission	
			21	Recovery Plan	
			48	Social Security Benefit Letter	
			55	Rental Agreement Use for medical or dental equipmer	nt rental.
			59	Benefit Letter	

77	Support Data for Verification
A3	Allergies/Sensitivities Document
A4	Autopsy Report
АМ	Ambulance Certification Information to support necessity of ambulance trip.
AS	Admission Summary A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital.
AT	Purchase Order Attachment Use for purchase of medical or dental equipment.
B2	Prescription
В3	Physician Order
BR	Benchmark Testing Results
BS	Baseline
ВТ	Blanket Test Results
СВ	Chiropractic Justification Lists the reasons chiropractic is just and appropriate treatment.
СК	Consent Form(s)
D2	Drug Profile Document
DA	Dental Models
DB	Durable Medical Equipment Prescription
DG	Diagnostic Report
DJ	Discharge Monitoring Report
DS	Discharge Summary
FM	Family Medical History Document
НС	Health Certificate
HR	Health Clinic Records
15	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
NN	Nursing Notes

ОВ	Operative Note					
ОС	Oxygen Content Averaging Report					
OD	Orders and Treatments Document					
OE	Objective Physical Examination (including vital signs) Document					
ОХ	Oxygen Therapy Certification					
P4	Pathology Report					
P5	Patient Medical History Document					
P6	Periodontal Charts					
P7	Periodontal Reports					
PE	Parenteral or Enteral Certification					
PN	Physical Therapy Notes					
РО	Prosthetics or Orthotic Certification					
PQ	Paramedical Results					
PY	Physician's Report					
PZ	Physical Therapy Certification					
QC	Cause and Corrective Action Report					
QR	Quality Report					
RB	Radiology Films					
RR	Radiology Reports					
RT	Report of Tests and Analysis Report					
RX	Renewable Oxygen Content Averaging Report					
SG	Symptoms Document					
V5	Death Notification					
XP	Photographs					
Report Transmission Code O ID 1/2						

REQUIRED PWK02 756 **Report Transmission Code** Code defining timing, transmission method or format by which reports are to be

sent INDUSTRY: Attachment Transmission Code

CODE DEFINITION BM By Mail EL **Electronically Only** Use to indicate that attachment is being transmitted in a separate X12 functional group.

IIIII LLIVILIATATION	JOIDE			ADDITIONAL	LIVIO	L IIVI O	NIVIA I ION
			EM	E-Mail			
			FX	By Fax			
			VO	Voice			
				Use this for voicemail or phone of	comm	unicatio	on.
NOT USED	PWK03	757	Report Copie	s Needed	0	N0	1/2
NOT USED	PWK04	98	Entity Identifi	er Code	0	ID	2/3
SITUATIONAL	PWK05	66		Code Qualifier ng the system/method of code structure us	X sed for l	ID Identifica	1/2 ation
			SYNTAX: P0506				
			COMMENT: PWK0 number.	5 and PWK06 may be used to identify the	e addres	ssee by	a code
			This data eler	ment is required when PWK02 DOE	S NO	T equal	"VO".
			CODE	DEFINITION			
			AC	Attachment Control Number			
SITUATIONAL	PWK06	67	Identification Code identifying	Code a party or other code	X	AN	2/80
			INDUSTRY: Attac	hment Control Number			
			SYNTAX: P0506				
			Required if P	WK02 equals BM, EL, EM or FX.			
SITUATIONAL	PWK07	352	Description A free-form desc	cription to clarify the related data elements	O and th	AN neir conte	1/80 ent
			INDUSTRY: Attac	hment Description			
			comment: PWK0 specified report.	77 may be used to indicate special informa	ation to	be show	n on the
				ment is used to add any additional nt described in this segment.	inforn	nation a	about
NOT USED	PWK08	C002	ACTIONS IND	DICATED	0		
NOT USED	PWK09	1525	Request Cate	egory Code	0	ID	1/2

ADDITIONAL SERVICE INFORMATION CONTACT NAME

Loop: 2010F — ADDITIONAL SERVICE INFORMATION CONTACT NAME

Repeat: 1

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Use this NM1 loop to identify the destination location to route the

response for the requested additional information.

2. Information in this loop overrides information supplied in the UMO Name NM1 loop (Loop 2010A).

3. Use this NM1 loop only if

a. the response contains a request for additional information in this service loop.

b. the destination for the response to the request for additional information differs from the information specified in the UMO Name NM1 loop (Loop 2010A)

c. the request for additional service information is not transmitted in another X12 functional group

4. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Refer to Section 2.2.5 for more information on this NM1 loop.

Example: NM1*TV*2*ACME THIRD PARTY ADMINISTRATOR~

STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 170

Loop: HL/NM1 Repeat: >1

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

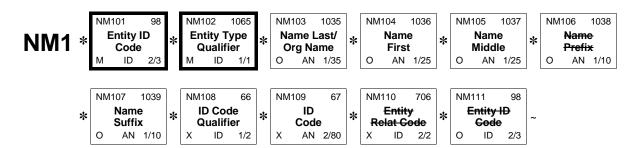
1. P0809

If either NM108 or NM109 is present, then the other is required.

2. C1110

If NM111 is present, then NM110 is required.





ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUTI	ES	
REQUIRED	NM101	98	Entity Identifie Code identifying individual	er Code an organizational entity, a physical location	M , prop	ID erty or a	2/3 n	
			CODE	DEFINITION				
			1P	Provider				
			2B	Third-Party Administrator				
			ABG	Organization				
				Use when the destination is an entithose listed.	ity o	ther tha	n	
			FA	Facility				
			PR	Payer				
			Х3	Utilization Management Organization	on			
REQUIRED	NM102	1065	Entity Type Qualifying t		M	ID	1/1	
			SEMANTIC: NM102	2 qualifies NM103.				
			CODE	DEFINITION				
			1	Person				
				Use this name only if the destination individual, such as an individual prophysician.				
			2	Non-Person Entity				
SITUATIONAL	NM103	1035		Organization Name me or organizational name	0	AN	1/35	
			INDUSTRY: Response Contact Last or Organization Name					
			Required if the responder needs to identify the destination by name.					

			_						
SITUATIONAL	NM104	1036	Name First Individual first name	0	AN	1/25			
			INDUSTRY: Response Contact First Name						
	ATIONAL	Use if NM103 is valued and the destination is an individual (NM102 = 1), such as a primary care provider.							
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial	0	AN	1/25			
			INDUSTRY: Response Contact Middle Name						
			Use if NM104 is present and the middle name/initial of the person is known.						
NOT USED	NM106	1038	Name Prefix	0	AN	1/10			
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name	0	AN	1/10			
			INDUSTRY: Response Contact Name Suffix						
			Use this for the suffix of an individual's name; e.g., Sr., Jr., or III.						
SITUATIONAL	NM108	66	Identification Code Qualifier Code designating the system/method of code structure us Code (67)	X sed for I	ID dentifica	1/2 ation			
			SYNTAX: P0809						

Required if the responder needs to use an identifier to identify the destination.

CODE	DEFINITION
24	Employer's Identification Number
34	Social Security Number
46	Electronic Transmitter Identification Number (ETIN)
PI	Payor Identification Use until the National PlanID is mandated if the destination is a payer.
xv	Health Care Financing Administration National PlanID Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.
	Use if the destination is a payer.
	CODE SOURCE 540: Health Care Financing Administration National PlanID
XX	Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used. Use if the destination is a provider.

ASC X12N • INSURANCE SUBCOMMITTEE 004010X094A1 • 278 • 2010 IMPLEMENTATION GUIDE New Segment Added Additional Service Information Contact						
SITUATIONAL	NM109	67	Identification Code Code identifying a party or other code	x	AN	2/80
			INDUSTRY: Response Contact Identifier			
			syntax: P0809			
			Required if NM108 is used.			
NOT USED	NM110	706	Entity Relationship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	0	ID	2/3

ADDITIONAL SERVICE INFORMATION CONTACT ADDRESS

Loop: 2010F — ADDITIONAL SERVICE INFORMATION CONTACT NAME

Usage: SITUATIONAL

Repeat: 1

Notes: 1. This segment identifies the office location to route the response to the

request for additional service information.

2. Use this segment only if the response to the request for additional service information must be routed to a specific office location.

3. Do not use if the request for additional service information is in another X12 functional group.

Example: N3*43 SUNRISE BLVD*SUITE 1000~

STANDARD

N3 Address Information

Level: Detail Position: 200

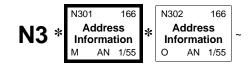
Loop: HL/NM1

Requirement: Optional

Max Use: 1

Purpose: To specify the location of the named party

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	res
REQUIRED	N301 166		Address Information Address information	M	AN	1/55
			INDUSTRY: Response Contact Address Line			
			Use this element for the first line of the requester	's ad	dress.	
SITUATIONAL	N302 166	166	Address Information Address information	0	AN	1/55
			INDUSTRY: Response Contact Address Line			
			Required only if a second address line exists.			

ADDITIONAL SERVICE INFORMATION CONTACT CITY/STATE/ZIP CODE

Loop: 2010F — ADDITIONAL SERVICE INFORMATION CONTACT NAME

Usage: SITUATIONAL

Repeat: 1

Notes:

- 1. This segment identifies the office location to route the response to the request for additional service information.
- 2. Use this segment only if the response to the request for additional service information must be routed to a specific office location.
- 3. Do not use if the request for additional service information is in another X12 functional group.

Example: N4*MIAMI*FL*33131**DP*UTILIZATION REVIEW DEPT~

STANDARD

N4 Geographic Location

Level: Detail Position: 210

Loop: HL/NM1

Requirement: Optional

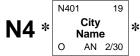
Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: 1. C0605

If N406 is present, then N405 is required.

DIAGRAM

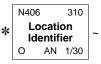












ELEMENT SUMMARY

USAGE DES. PLANT NAME ATTRIBUTES

SITUATIONAL N401 19 City Name O AN 2/30

Free-form text for city name

INDUSTRY: Response Contact City Name

COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.

Use when necessary to provide this data as part of the response contact location identification.

SITUATIONAL N402		156	State or Province Code Code (Standard State/Province) as defined by appropriate governmen	2/2 t agency					
			INDUSTRY: Response Contact State or Province Code						
			COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.						
			CODE SOURCE 22: States and Outlying Areas of the U.S.						
			Use when necessary to provide this data as part of the response contact location identification.						
SITUATIONAL	N403	116	Postal Code Code defining international postal zone code excluding punctuation an (zip code for United States)	3/15 d blanks					
			INDUSTRY: Response Contact Postal Zone or ZIP Code						
			CODE SOURCE 51: ZIP Code						
			Use when necessary to provide this data as part of the response contact location identification.						
SITUATIONAL	ATIONAL N404 26		Country Code Code identifying the country	2/3					
			INDUSTRY: Response Contact Country Code						
			CODE SOURCE 5: Countries, Currencies and Funds						
			Use only if the address is out of the U.S.						
SITUATIONAL	N405	309	Location Qualifier X ID Code identifying type of location	1/2					
			SYNTAX: C0605						
			Required if N406 is valued.						
			CODE DEFINITION						
			B1 Branch						
			DP Department						
SITUATIONAL	SITUATIONAL N406 31	310	Location Identifier O AN Code which identifies a specific location	1/30					
			INDUSTRY: Response Contact Specific Location						
			syntax: C0605						
			Required if N405 is valued.						
			Value this field if the response to the request for additional information must be directed to a particular domain.						

ADDITIONAL SERVICE INFORMATION CONTACT INFORMATION

Loop: 2010F — ADDITIONAL SERVICE INFORMATION CONTACT NAME

Usage: SITUATIONAL

Repeat: 1

Notes:

- Required if the provider must direct the response to the request for additional service information to a specific requester contact, electronic mail, facsimile, or phone number other than the contact provided in the PER segment in the UMO Name loop (Loop 2010A) PER segment of this 278 response.
- 2. Information in this loop overrides information supplied in the UMO Name NM1 loop (Loop 2010A).
- 3. Do not use if the request for additional service information is in another X12 functional group.
- 4. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.
- 5. By definition of the standard, if PER03 is used, PER04 is required.

Example: PER*IC*MARY*FX*3135554321~

STANDARD

PER Administrative Communications Contact

Level: Detail Position: 220

Loop: HL/NM1 **Requirement:** Optional

Max Use: 3

Purpose: To identify a person or office to whom administrative communications should be

directed

Syntax: 1. P0304

If either PER03 or PER04 is present, then the other is required.

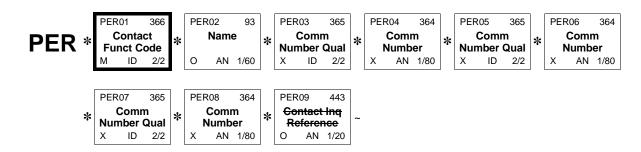
2. P0506

If either PER05 or PER06 is present, then the other is required.

3. P0708

If either PER07 or PER08 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES	
REQUIRED	PER01	366	Contact Function Code Code identifying the major duty or responsibility of the personal content of the		M n or g	ID group na	2/2 amed	
			CODE	DEFINITION				
			IC	Information Contact				
SITUATIONAL	PER02	93	Name Free-form name		0	AN	1/60	
			INDUSTRY: Respo	onse Contact Name				
			Used only whe	en response must be directed to a pa	artic	ular co	ntact.	
			Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).					
SITUATIONAL	PER03	365		on Number Qualifier the type of communication number	X	ID	2/2	
			Required if PE	R02 is not valued and may be used tact communication number.	if ne	cessar	y to	
			CODE	DEFINITION				
			EM	Electronic Mail				
			FX	Facsimile				
			TE	Telephone				
SITUATIONAL PER04		364	Communicatio Complete commu applicable	on Number unications number including country or area	X code	AN e when	1/80	
			INDUSTRY: Respo	onse Contact Communication Number	e r			
			SYNTAX: P0304					
			-	R02 is not valued and may be used tact communication number.	if ne	cessar	y to	

SITUATIONAL PER05 365		365		ion Number Qualifier g the type of communication number	X	ID	2/2		
		SYNTAX: P0506							
				Used only when the telephone extension or multiple communication types are available.					
			CODE	DEFINITION					
			EM	Electronic Mail					
			EX	Telephone Extension					
			FX	Facsimile					
			TE	Telephone					
SITUATIONAL	PER06	364	Communicat Complete commapplicable	ion Number nunications number including country or a	X rea code	AN e when	1/80		
			INDUSTRY: Resp	oonse Contact Communication Nun	nber				
			SYNTAX: P0506						
			_	nen the telephone extension or mul on types are available.	tiple				
SITUATIONAL	SITUATIONAL PER07 36			ion Number Qualifier g the type of communication number	X	ID	2/2		
			SYNTAX : P0708						
			_	Used only when the telephone extension or mult communication types are available.					
			CODE	DEFINITION					
			EM	Electronic Mail					
			EX	Telephone Extension					
			FX	Facsimile					
			TE	Telephone					
SITUATIONAL	PER08	364	Communicat Complete commapplicable	ion Number nunications number including country or a	X rea cod	AN e when	1/80		
			INDUSTRY: Resp	oonse Contact Communication Nun	nber				
			SYNTAX: P0708						
			_	nen the telephone extension or mul on types are available.	tiple				

Data elements are assigned a unique reference number. Each data element has a name, description, type, minimum length, and maximum length, For ID type data elements, this guide provides the applicable ASC X12 code values and their descriptions or references where the valid code list can be obtained.

Each data element is assigned a minimum and maximum length. The length of the data element value is the number of character positions used except as noted for numeric, decimal, and binary elements.

The data element types shown in matrix A4, Data Element Types, appear in this implementation guide.

SYMBOL	TYPE
Nn	Numeric
R	Decimal
ID	Identifier
AN	String
DT	Date
TM	Time
В	Binary

Matrix A4. Data Element Types

A.1.3.1.1 Numeric

A numeric data element is represented by one or more digits with an optional leading sign representing a value in the normal base of 10. The value of a numeric data element includes an implied decimal point. It is used when the position of the decimal point within the data is permanently fixed and is not to be transmitted with the data.

This set of guides denotes the number of implied decimal positions. The representation for this data element type is "Nn" where N indicates that it is numeric and n indicates the number of decimal positions to the right of the implied decimal point.

If n is 0, it need not appear in the specification; N is equivalent to N0. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted.

EXAMPLE

A transmitted value of 1234, when specified as numeric type N2, represents a value of 12.34.

Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. The length of a numeric type data element does not include the optional sign.

A.1.3.1.2 **Decimal**

A decimal data element may contain an explicit decimal point and is used for numeric values that have a varying number of decimal positions. This data element type is represented as "R."

The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end) the decimal point should be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted.

Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point should be suppressed unless necessary to indicate precision. The use of triad separators (for example, the commas in 1,000,000) is expressly prohibited. The length of a decimal type data element does not include the optional leading sign or decimal point.

EXAMPLE

A transmitted value of 12.34 represents a decimal value of 12.34.

New note

For implementation of this guide under the rules promulgated under the Health Insurance Portability and Accountability Act (HIPAA), decimal data elements in Data Element 782 (Monetary Amount) will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). Note the statement in the preceding paragraph that the decimal point and leading sign, if sent, are not part of the character count.

A.1.3.1.3 Identifier

An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC X12 Committee or some other body recognized by the Committee. Trailing spaces should be suppressed unless they are necessary to satisfy a minimum length. An identifier is always left justified. The representation for this data element type is "ID."

A.1.3.1.4 String

A string data element is a sequence of any characters from the basic or extended character sets. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. Trailing spaces should be suppressed unless they are necessary to satisfy a minimum length. The representation for this data element type is "AN."

A.1.3.1.5 Date

A date data element is used to express the standard date in either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the month (01 to 31). The representation for this data element type is "DT." Users of this guide should note that all dates within transactions are 8-character dates (millennium compliant) in the format CCYYMMDD. The only date data element that is in format YYMMDD is the Interchange Date data element in the ISA segment, and also used in the TA1 Interchange Acknowledgment, where the century can be readily interpolated because of the nature of an interchange header.

A.1.3.1.6 **Time**

A time data element is used to express the ISO standard time HHMMSSd..d format in which HH is the hour for a 24 hour clock (00 to 23), MM is the minute (00 to 59), SS is the second (00 to 59) and d..d is decimal seconds. The representation for this data element type is "TM." The length of the data element determines the format of the transmitted time.

FXAMPIF

Transmitted data elements of four characters denote HHMM. Transmitted data elements of six characters denote HHMMSS.

FUNCTIONAL GROUP HEADER

Example: GS*HI*SENDER CODE*RECEIVER

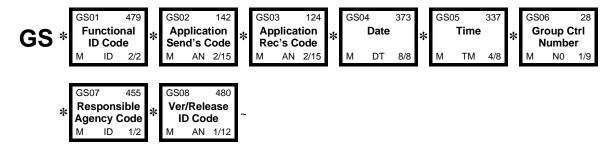
CODE*19940331*0802*1*X*004010X094A1~ _____ Example changed

STANDARD

GS Functional Group Header

Purpose: To indicate the beginning of a functional group and to provide control information

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUT	res		
REQUIRED	GS01	479	Functional Identifier Code Code identifying a group of application related transaction se	M ets	ID	2/2		
			HI Health Care Services Review Inform	natio	on (278)		
REQUIRED	GS02	142	Application Sender's Code Code identifying party sending transmission; codes agreed to	M o by	AN trading p	2/15 artners		
			Use this code to identify the unit sending the infor	mat	ion.			
REQUIRED	GS03	124	Application Receiver's Code Code identifying party receiving transmission. Codes agreed	M I to by	AN y trading	2/15 partners		
			Use this code to identify the unit receiving the information.					
REQUIRED	GS04	373	Date Date expressed as CCYYMMDD	M	DT	8/8		
			SEMANTIC: GS04 is the group date.					
			Use this date for the functional group creation dat	e.				
REQUIRED	GS05	337	Time Time expressed in 24-hour clock time as follows: HHMM, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = integer seconds (00-59) and DD = decimal seconds; decimal expressed as follows: D = tenths (0-9) and DD = hundredths	minu I sec	ites (00-t onds are	59), S =		
			SEMANTIC: GS05 is the group time. Use this time for the creation time. The recommended format is HHMM.					

-								
REQUIRED	GS06	28	Group Control Assigned numbe	Number roriginated and maintained by the sender	M	N0	1/9	
				ta interchange control number GS06 in this ame data element in the associated function				
REQUIRED GS07	GS07	455		Responsible Agency Code M ID 1/2 Code used in conjunction with Data Element 480 to identify the issuer of the standard				
			CODE	DEFINITION				
			X	Accredited Standards Committee	X12			
REQUIRED	GS08	480	Code indicating the standard being us segment is X, the are the release a industry or trade	ase / Industry Identifier Code he version, release, subrelease, and indus sed, including the GS and GE segments; if en in DE 480 positions 1-3 are the version in nd subrelease, level of the version; and po association identifiers (optionally assigned gment is T, then other formats are allowed	code numbe sitions	in DE49 er; posit s 7-12 a	55 in GS ions 4-6 re the	
			CODE	DEFINITION				
New code	value —		004010X094A1	Draft Standards Approved for Pub X12 Procedures Review Board thro 1997, as published in this impleme	ough	Octob	er	
				This is a Draft Addenda to the X12 Implementation Guide published in not yet intended for implementation 004010X094 guide is named for use this Draft Addenda must go through Proposed Rule Making (NPRM) prooriginal Implementation Guide did a final addenda to the guide publish Only the modifications noted in the will be considered in the NPRM. On addenda is approved for publication value used in GS08 will be "004010"	n Mayon. Se under soccesse, before the contract to the contrac	y 2000 ince the der HIF Notice s, just a pre bed by X12 aft Add his Dray X12N	and De PAA, of as the coming PN. denda	

1968 Green Road Ann Arbor, MI 48105

ABSTRACT

The International Classification of Diseases, 9th Revision, Clinical Modification, describes the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations.

New Code Set

132 National Uniform Billing Committee (NUBC) Codes

SIMPLE DATA ELEMENT/CODE REFERENCES

235/RB, 235/NU, 1270/BE, 1270/BG, 1270/BH, 1270/BI

SOURCE

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee American Hospital Association 840 Lake Shore Drive Chicago, IL 60697

ABSTRACT

Revenue codes are a classification of hospital charges in a standard grouping that is controlled by the National Uniform Billing Committee. Place of service codes specify the type of location where a service is provided.

134 National Drug Code

SIMPLE DATA ELEMENT/CODE REFERENCES

235/ND, 1270/NDC

SOURCE

Blue Book, Price Alert, National Drug Data File

AVAILABLE FROM

First Databank, The Hearst Corporation 1111 Bayhill Drive San Bruno, CA 94066

ABSTRACT

The National Drug Code is a coding convention established by the Food and Drug Administration to identify the labeler, product number, and package sizes of FDA-approved prescription drugs. There are over 170,000 National Drug Codes on file.

540

Health Care Financing Administration National PlanID

SIMPLE DATA ELEMENT/CODE REFERENCES

66/XV

SOURCE

PlanID Database

AVAILABLE FROM

Health Care Financing Administration Center for Beneficiary Services Administration Group **Division of Membership Operations** S1-05-06 7500 Security Boulevard Baltimore, MD 21244-1850

The Health care Financing Administration is developing the PlanID, which will be proposed as the standard unique identifier for each health plan under the Health Insurance Portability and Accountability Act of 1996.

New Code Set



Logical Observation Identifier Names and Codes (LOINC)

SIMPLE DATA ELEMENT/CODE REFERENCES

128/LOI, 235/LB, 1270/LOI

SOURCE

Logical Observation Identifier Names and Codes (LOINC)

AVAILABLE FROM

Reginstriff Institute Indiana University School of Medicine 1001 West 10th Street 5th Floor RHC Indianapolis, IN 46202

ABSTRACT

List of descriptive terms and identifying codes for reporting precise test methods in medicine.

URL

http://www.mcis.duke.edu/standards/termcode/loinc.htm